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HEALTH AND SCHOLASTIC ATTAINMENT[1]

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It has been a very generally accepted thesis that the importance of good health to success in occupations dependent upon physical activity is so obvious that, as a natural result, persons physically less robust tend to select vocations in which success depends upon skill, education, and mental activity rather than upon physical fitness. This opinion, however, fails to find confirmation in Jackson's[1] analysis of the physique of college students; in fact, that study shows an actual superiority of physique among college students as compared to a group of persons of corresponding age and sex in the general population. Furthermore, various studies of school children have shown a positive correlation between mental development and physical growth, as well as between retardation in school and certain physical defects, such as loss of hearing and defective vision. Among college students less observation has been made of the relation between health and scholastic attainment, but the subject seems worthy of investigation. This paper presents the first of a series of studies which will attempt to investigate the effect of physique, physical handicaps, and habits of living upon the scholastic attainment of college students.

METHODS UTILIZED IN THE PRESENT INVESTIGATION

Two groups of students markedly different in scholastic attainment were compared as to physique, habits of living, and the incidence of physical defects. The one group of students was on probation because of poor scholarship, while the other group was doing satisfactory scholastic work. The examination of the probation students was made possible by the adoption of a regulation by the college of science, literature, and arts, which required that all students on probation at the end of the fall quarter, 1927, should have a physical examination by the students' health service as a condition of their being permitted to continue in the institution. These examinations were thorough health examinations, with the examiner attempting to discover not only physical defects but also faulty habits of living. Each examination required an hour and a half of the student's time,

[1] From the Students' Health Service and Department of Preventive Medicine and Public Health, University of Minnesota. Aid in this study was provided by a grant from the research fund of the graduate school of the University of Minnesota.

one-half hour being utilized for filling out the history blank and having various tests and physical measurements performed and one hour for the actual examination and conference with the physician. For several years similar examinations have been offered to the students of the university, a special effort being made to have seniors avail themselves of this service. The probation students examined at this time numbered 141, and, for the most part, were members of the freshman class. The control group, used in the study for purposes of comparison, consisted of 496 students of the college of science, literature, and the arts, mostly seniors, who came voluntarily for examinations. Both groups were given identical examinations by the same physicians, appointments for seniors and freshmen being intermingled without distinction. Furthermore, the examining physicians had no knowledge that any comparative studies of the findings were to be undertaken. For control purposes with freshmen, a group of seniors, of course, is not ideal, because of the evident differences between the two groups in college attainment, in age, and probably in mental ability. In addition, the fact that seniors voluntarily sought the examinations would in itself introduce an element of selection. On the other hand, we have here one large group of students who have been doing satisfactory scholastic work and another group of considerable size who have been doing inferior work. Consequently, granting that there are various other factors which may have contributed to the inferior work of the probation group, it seems that we are justified in comparing the physical condition of the two groups, at least for purposes of a preliminary study.

The sex distribution of the two groups was not significantly different, the control group containing 69.3 per cent boys and 30.7 per cent girls, the probation group containing 67.4 per cent boys and 32.6 per cent girls.

After the completion of the examinations the results were tabulated and the percentage incidence of each condition was calculated. The difference between the percentage incidence in the two groups was then determined, and, using the "chi-square test" of independence (2), the possibility of a chance difference equal to or greater than the observed difference was computed.

PHYSICAL DEFECTS

Table 1 shows a comparison of those physical defects which occurred with sufficient frequency in at least one group to justify statistical analysis. Other conditions which were infrequent or considered unimportant were omitted. The following are some of the conditions which were not included in the tabulation: Organic heart disease, which was diagnosed in 0.8 per cent of the control group and 1.4 per cent of the probation group; gastric ulcer, which occurred in

0.8 per cent of the control group and not at all in the probation group; varicocele, which was found in 5.6 per cent of the control and 4.9 per cent of the probationers; cervical adenopathy, in 4.6 per cent of the controls and 6.3 per cent of the probationers; hernia, in 3.7 per cent of the controls and 3.5 per cent of the probationers; and similar conditions.

Brief consideration will now be given to the abnormalities listed in the tables.

Abnormalities of nose.—The conditions included under this heading were nasal obstructions, cause not given; marked deviation of the septum; septal spurs, if sufficiently large to cause partial obstruction; enlarged turbinates, causing obstruction; hypertropic rhinitis; chronic sinus infection; and nasal polyps. The difference in the percentage of incidence of one or more of these abnormalities is 4.1, the higher incidence occurring in the probation students; but, statistically, this difference has little, if any, significance.

Abnormalities of throat.—This term includes such conditions as adenoids, markedly hypertropied tonsils, pathological tonsils, chronic tonsilitis, cryptic tonsils, polyporous tonsils, and infected tonsilar remnants. The difference of 2.7 in the percentage of frequency of occurrence between the two groups is not significant.

Abnormalities of ears.—Included under this heading were impacted cerumen, chronic otitis media, and thickened and retracted drums. The difference in the percentage of frequency of occurrence in the two groups is 4.1 per cent. Statistically there is only one chance in six that this difference is not significant. If considered in relation to the next condition, the significance of this difference seems still more certain.

Defective hearing.—Hearing tests were performed by means of the Western Electric 3–A audiometer. The results are recorded in terms of "sensation units" above or below normal, the interpretation of which is approximately the same as though the hearing loss were expressed in percentage. Since the total number of students who showed defective hearing was so small, no distinction in the tabulation was made between those who exhibited hearing loss in one or both ears. It would seem in the comparison here shown that a moderate hearing loss, from 10 to 19 sensation units, is but little if any handicap in college work, but that an excessive hearing loss, 20 sensation units or more, is likely to be a real handicap.

Defective vision.—The Snellen chart was used for testing vision and inability to read 20/30 or better with one or both eyes was considered a defect. If students had glasses, they were worn during the test. From a comparison of the percentages of visual defects in the two groups it would seem that defective vision has but little to do with students' failure to do good work in college.

Abnormalities of teeth.—The only two dental defects which occurred sufficiently frequently to be tabulated were dental caries and devitalized teeth, and neither of these showed a predominance in either group sufficiently large to be significant.

Overweight.—As an index of nutrition, the relation of the student's weight to the average weight of individuals of corresponding height and age was calculated and expressed in the form of a percentage. For the purposes of this study those who were 10 per cent or more above average were considered overweight. On this basis 14.8 per cent of the probation group and 6.4 per cent of the control group were classed as overweight. This difference of 8.4 in the percentage of incidence between the two groups is statistically almost certainly significant. Of course, this finding does not justify one in drawing conclusions as to cause and effect between these two conditions, but it does suggest either that the condition of overweight interferes with scholastic work or that overweight and poor scholarship are both influenced by some other factor or group of factors which are operative in the student's life.

Underweight.—In this study 10 per cent or more below average weight was classed as underweight. This condition also is found to predominate among the probation students, and the difference is probably significant.

Nutrition as judged by the examiner.—The physician making the examination indicated on the record as to whether in his judgment the student's nutrition was normal or abnormal. A comparison of the percentage of students judged asthenic or adipose shows a predominance of both conditions among the probation students. This adds confirmation to the findings that abnormalities of weight are more prevalent among students low in scholarship.

Muscle tone.—The examining physicians attempted to judge the "tone" of the student's musculature without regard to the size of the muscles. The record of each examination shows whether the physician considered the musculature normal or abnormal, and the most frequent abnormality was "flabby musculature." In general, one would expect to find "flabby musculature" in individuals who take no exercise or who are afflicted with some chronic illness. The difference between the two groups in percentage of incidence of the condition designated "flabby musculature" was 7.9, being higher in the probationers than in the control group, a difference which is almost certainly significant. Further study will be necessary in order to suggest what factors are operative in producing the flabby musculature.

Posture.—The posture of these students was judged "satisfactory" or "poor" by the examiners, no photographs or other more or less objective procedures being utilized. As shown in the table, the

greater incidence of poor posture among the probation students (a difference of 4 in the percentages) probably is statistically significant. Physically, however, this condition of bad posture is probably not independent of but is closely related to flabby musculature, asthenia, and faulty nutrition. In fact, it is entirely possible that one underlying cause or group of causes may be responsible for all these several conditions.[2]

Anemia.—Hemoglobin determinations were made by means of the Dare hemoglobinometer, and for the purposes of this study a reading of 80 per cent or more was considered as normal and any percentage below 80 per cent was called anemia. The greater frequency of anemia, 9.4 per hundred, among the probation students is almost certainly significant and possibly is the result of the same condition or group of conditions that produced faulty nutrition, asthenia, flabby musculature, and poor posture.

Blood pressure.—Systolic blood pressures below 110 millimeters are slightly more frequent among students in the control group than among the students on probation, but the difference is not statistically great enough to be significant. Systolic pressures above the so-called normal were divided into two grades, 130 millimeters to 139 millimeters, and 140 millimeters or more. In both grades the percentage of incidence was higher among probation students than in the control group, but the difference is hardly significant. Furthermore, a previous study (3) showed that most of the high blood pressure readings among students are transient elevations of blood pressure produced by nervousness and apprehension incidental to the examination, factors which certainly would be more operative among students on probation who were required to have these examinations than among the controls to whom the examinations were given upon request.

HABITS OF LIVING, SOCIAL AND ECONOMIC STATUS

A detailed history of his habits, conditions of living, pleasures, recreations, exercise, past health, and social and economic status was provided by each student and reviewed by the examining physician. A comparison of the replies made by the two groups to certain of these questions is shown in Table 2. In interpreting these findings one must bear in mind the fact that we are dealing here, for the most part, with subjective and not objective data, and that the difference in scholastic status of the two groups, the one being mostly seniors taking these examinations voluntarily, and the other mostly freshmen on probation taking the examinations under compulsion, might account for considerable difference in the replies to

[2] In a subsequent study the relation or independence of these various conditions will be determined statistically.

some of the questions. Many of the questions which were included in the blank are not shown in the tabulation, either because the nature of the replies made satisfactory comparisons impossible or because the proportion of positive replies was too small to be significant.

Self-support.—The question as to whether a student is partially self-supporting, completely self-supporting, or not at all self-supporting brought out what seems to be an interesting comparison, in that the percentage of partially self-supporting students in the control group exceeds the percentage in the probation group by 16.1, a difference certainly significant; while the percentage of completely self-supporting students in the probation group exceeds the percentage in the control group by 4.5, a difference also certainly significant. Self-support may interfere with the student's work in various ways, such as by leaving an insufficient amount of time for study, by producing in the student more or less chronic fatigue, or by the impairment of health. Bradshaw (4) recently reported that in Oberlin College the health of the students who were completely self-supporting was inferior to those who were not self-supporting. In spite of the various factors that may be operative here, however, we can at least say that these findings suggest that partial self-support is a stimulus to a student to take advantage of the opportunities which are placed before him, while complete self-support is too great a burden for the average student to carry and still do satisfactory scholastic work.

Adequacy of funds.—The question asked was "Are your funds sufficient to support yourself comfortably?" Replies in the negative were tabulated, but no significant difference was found between the two groups.

Types of summer's occupation.—The questions were, "How did you spend last summer's vacation?" and, "If working, what was your occupation?" The summer occupations mentioned in reply to the second of these questions were placed for purposes of comparison into one of the following classifications: Physical work, including house work; salesmen or agents, outdoors; clerical, office, or technical indoor work. As shown in the table, a significantly greater proportion of the probation students than of the control group were employed in physical work or indoor jobs in offices and stores. It does not seem so probable that the type of summer employment affects the student's scholastic work as that the make-up of the individual influences his selection of summer occupation.

Living conditions.—The records show whether these students were living at home, in a fraternity house, a rooming house, or in a dormitory; but the fact that the students in the one group were freshmen and consequently not yet eligible for fraternity life influences the findings so greatly that the only place of residence tabulated for

comparison was "at home." The difference in the proportion of the two groups who lived at home is not significant. Nor do the other living conditions which were tabulated, such as "congenial," "quiet," "irritating," and "room to self," seem to make any appreciable difference.

Habits of sleep.—The only difference between the groups in habits of sleep which seemed statistically significant is that the probation group seems to go to bed a little earlier than the control group; possibly this indicates that they do not burn sufficient "midnight oil."

Adequacy of diet.—The examining physician discussed with each student his usual diet and indicated as to whether he considered it "adequate" or "inadequate," with reference to the constituents rather than to the amount of the diet. From a comparison of the diet of the two groups we can not conclude that there is any positive relationship in such groups as these between diet and scholastic accomplishment.

The smoking habit.—After reviewing the history and talking with the student the examiner indicated whether or not the student used tobacco, and if he did use it, whether in his opinion it was used to excess. In both the excessive use of tobacco and the total abstinence from tobacco the control group showed a slightly greater percentage than the probationers, although here again the difference is hardly great enough to be statistically significant.

Exercise and extra-curricular activities.—Participation in extra-curricular activities was discussed during the examination, but it seems possible to make a satisfactory comparison only of those students who participated in no extra-curricular activities. The difference in the percentage of these students in the two groups is not significant. The same may be said of the proportion of students who took an inadequate amount of exercise, although the percentages in this case are not really comparable, because all freshmen are required to take gymnasium work while with upper classmen it is elective.

Emotional reactions.—The history blank contains the following questions to which the students replied in the affirmative or in the negative: "Are you subject to worries? Moods? Periods of alternating gloom and cheerfulness? Are you particularly self-conscious? Are you inclined to be secretive or seclusive? Are you ever bothered by a feeling that other people are watching you or talking about you?" In considering the replies to these questions the fact must be considered that the responses represent the student's impression of himself and not the judgment of a skilled observer in this field. Furthermore, while it is entirely possible that the type of emotional make-up which would occasion positive replies to certain of these

questions might make it difficult for a student to do justice to his work, nevertheless, the percentage of positive replies given by our group of probation students may well be disproportionately large, because the very fact that a student was on probation would tend to intensify his feeling of self-consciousness, inferiority, or other similar feeling. From a comparison of the replies shown in Table 2 it will be seen that the proportion of students who stated that they considered themselves "particularly self-conscious," or that they were "bothered by a feeling that others were watching them or talking about them," or who replied affirmatively to four or more of the questions listed, was significantly greater among the probation group than among the controls. Further study will be necessary to justify any suggestions as to cause or effect.

Family history.—The proportion of students whose father or mother was dead at the time of the examination was greater among the control group than among the probationers. The difference, however, is hardly great enough to be of significance.

Student's own opinion concerning state of health.—The last question tabulated was, "Do you consider yourself in good health?" Negative replies were tabulated, and they predominated in the control group. This may be explained, at least in part, by the fact that the students in the control group voluntarily requested physical examinations, and very naturally those students who had some doubt in regard to their health or physical fitness would be most likely to desire this service.

COMMENTS

While it is dangerous on the basis of a preliminary study of this sort to make any generalizations concerning the causal relationship of the conditions noted and scholastic attainment, nevertheless the findings are decidedly suggestive as to the value of further studies along similar lines. As already pointed out, this control group was not an ideal one with which to compare students on probation, because the control group voluntarily made appointments for the examinations and for the most part was made up of seniors. However, the factor of selection thus introduced probably would tend to operate to give not a superior but rather an inferior group physically than would have been obtained had the control group consisted of a corresponding number of students selected at random and then required to have examinations. The greater proportion of students in the control group who answered in the negative to the question as to whether they considered themselves in good health adds weight to this assumption. Hence, with a control group in which selection did not play a part, one would expect to find a still greater excess of physical defects among the students who were doing unsatisfactory scholastic work.

SUMMARY

1. The physical defects, habits of living, social, and economic status of 141 university students who were on probation because of poor scholarship were compared to the same conditions in 496 students in the same college who are doing satisfactory scholastic work.

2. Both the students on probation and those in the control group were examined by the same physicians and received identical examinations.

3. The physical defects which occur with sufficiently greater frequency in the probation group to be almost certainly significant statistically are defective hearing of extreme grade, overweight, flabby musculature, and anemia.

4. Those defects which predominate in the probation group with sufficient frequency to be probably significant are underweight, asthenia, adiposity, and faulty posture.

5. No physical defects occur with sufficiently greater frequency in the control group to be significant.

6. In the following history items the probation group gave significant replies with so much greater frequency than the control group that the difference is almost certainly significant: Students completely self-supporting; employment at physical labor or clerical work during the summer; student considers himself particularly self-conscious; student bothered by a feeling that others are watching him or talking about him; and four or more affirmative replies to questions relative to the emotional make-up of the individual.

7. The reply given to questions on the history blank by the probation students with sufficiently greater frequency to be probably significant is, "retiring hour before 11."

8. The control group predominated significantly only in being partially self-supporting, and in not considering themselves in good health.

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TABLE 1.—*Physical defects*

Physical defect	Number having defect in—		Percentage of incidence in—		Difference in percentage		Possibilities of chance difference equal to or greater than that observed
	Probation group (total in group 141)	Control group (total in group 496)	Probation group	Control group	Greater incidence in probation group	Greater incidence in control group	
			Per cent	*Per cent*			
Abnormalities of nose	32	92	22.7	18.6	4.1	.....	1 in 4.
Abnormalities of throat	31	96	22.0	19.3	2.7	.....	1 in 2.
Abnormalities of ears	19	46	13.4	9.3	4.1	.....	1 in 6.
Hearing loss:							
1 to 19 "sensation units"	4	7	2.8	1.4	1.4	.....	1 in 5.
20 or more "sensation units"	4	2	2.8	.2	2.6	.....	1 in 1,100.
Visual defects:							
20/30 or more	19	46	13.4	9.2	4.2	.....	1 in 6.
Teeth:							
Caries	9	20	6.3	4.0	2.3	.....	1 in 4.
Devitalized	8	28	5.6	5.6	.....	.....	No difference.
Overweight, 10 per cent or more	21	32	14.8	6.4	8.4	.....	1 in 1,800.
Underweight, 10 per cent or more	30	69	21.2	13.8	7.4	.....	1 in 25.
Adipose	7	9	4.9	1.8	3.1	.....	Do.
Asthenic	17	34	12.0	6.8	5.2	.....	1 in 20.
Musculature flabby	13	6	9.1	1.2	7.9	.....	1 in 4,000.
Posture faulty	10	15	7.0	3.0	4.0	.....	1 in 25.
Anemia, hemoglobin less than 80 per cent.	21	28	14.8	5.4	9.4	.....	1 in 2,000.
Blood pressure:							
Less than 110 millimeters	25	94	13.4	18.9	.....	5.5	2 in 3.
130 to 139 millimeters	30	79	21.2	15.9	5.3	.....	1 in 7.
140 millimeters or more	11	29	7.8	5.6	2.2	.....	1 in 2.

TABLE 2.—*Defective health habits, social and economic status*

Defective health habits, social and economic status	Number in—		Percentage of incidence in—		Difference in percentage		Possibilities of chance difference equal to or greater than that observed
	Probation group (total in group 141)	Control group (total in group 496)	Probation group	Control group	Greater incidence in probation group	Greater incidence in control group	
			Per cent	*Per cent*			
Self-support:							
Partial	39	217	27.6	43.7	.....	16.1	1 in 1,900.
Complete	9	9	6.3	1.8	4.5	.....	1 in 1,400.
Funds inadequate	12	60	8.5	12.0	.....	3.5	1 in 4.
Vacation:							
Physical work	31	57	22.0	11.4	10.6	.....	1 in 1,800.
Salesman	32	115	22.6	23.1	.....	.5	9 in 10.
Clerk	48	106	34.0	21.3	12.7	.....	1 in 1,000.
Living conditions:							
At home	78	244	55.3	49.1	6.2	.....	1 in 2.
Congenial	60	228	42.5	45.9	.....	3.4	1 in 2.
Quiet	57	167	40.4	33.8	6.6	.....	1 in 2.5.
Irritating	4	18	2.8	3.6	.....	.8	2 in 3.
Room to self	68	225	48.2	45.3	2.9	.....	1 in 2.
Sleeping hours:							
Less than 7	6	20	4.2	4.0	.2	.....	9 in 10.
More than 8	30	78	21.2	15.7	5.5	.....	1 in 14.
Retiring hour:							
11 or before	97	284	68.7	57.2	11.2	.....	1 in 33
Diet inadequate (examiner's judgment)	50	146	35.4	29.4	6.0	.....	1 in 5.
Tobacco:							
No use of	52	226	36.8	45.5	.....	8.7	1 in 14.
Excessive use of	12	59	8.5	11.9	.....	3.4	1 in 4.
Participation in no extra-curricular activities.	61	195	43.2	39.5	3.7	.....	1 in 2.
Exercise inadequate	22	87	15.6	17.5	.....	1.9	2 in 3.
Emotional reactions:							
Subject to worries	37	125	26.2	25.2	1.0	.....	3 in 4.
Subject to moods	32	87	22.6	17.5	5.1	.....	1 in 5.
Particularly selfconscious	44	81	31.2	16.1	15.1	.....	1 in 2,500.
Subject to period of gloom	32	120	22.6	24.1	.....	1.5	3 in 4.
Bothered by a feeling people are watching or talking about them.	28	39	19.8	7.8	12.0	.....	1 in 2,800.
Inclined to be secretive and seclusive.	18	42	12.7	8.4	4.3	.....	1 in 7.
Affirmative replies to four or more of above.	21	37	14.8	7.4	7.4	.....	1 in 1,200.
Status of family:							
Father dead	16	83	11.3	16.7	.....	5.4	1 in 8.
Mother dead	5	39	3.5	7.8	.....	4.3	1 in 12.
Did not consider themselves in good health.	2	30	1.4	6.0	.....	4.6	1 in 20.

WHOLE-TIME COUNTY HEALTH OFFICERS, 1929

The following directory has been compiled from data furnished as of January 1, 1929, by State health officers. Similar directories for the years 1922 to 1928, inclusive, have been published in the PUBLIC HEALTH REPORTS. The directory for 1928 was issued as Reprint No. 1226.

In the questionnaire sent for the purpose of obtaining the necessary information, a "whole-time" county health officer was defined as "one who does not engage in the practice of medicine or in any other business, but devotes all his time to official duties."

Directories of State health departments have been published annually by the Public Health Service for the years 1912 to 1929, inclusive. The directory for 1928 was issued as Reprint No. 1254 from the PUBLIC HEALTH REPORTS.

Directories of city health officers have been published annually for the years 1916 to 1929, inclusive, the directory for 1928 being Reprint No. 1257.

Directories of State and city health officers for 1929 were published in PUBLIC HEALTH REPORTS of November 15, 1929.

State and county	Name of health officer	Post-office address	Official title
Alabama:			
Baldwin	J. A. Norris, jr., M. D.	Bay Minette	County health officer.
Barbour	E. M. Moore, M. D.	Clayton	Do.
Blount	C. V. Hendrix, M. D.	Oneonta	Do.
Bullock	V. A. Deason, M. D.	Union Springs	Do.
Calhoun	G. A. Cryer, M. D.	Anniston	Do.
Chambers	C. W. McDonald, M. D.	Lafayette	Do.
Cherokee	S. C. Tatum, M. D.	Centre	Do.
Clarke	M. O. Park, M. D.	Grove Hill	Do.
Cleburne	F. R. Wood, M. D.	Heflin	Do.
Coffee	R. A. Berry, M. D.	Elba	Do.
Colbert	W. T. Burkett, M. D.	Tuscumbia	Do.
Conecuh	E. L. Kelly, M. D.	Evergreen	Do.
Covington	R. B. Archibald, M. D.	Andalusia	Do.
Crenshaw	J. O. Foster, M. D.	Luverne	Do.
Cullman	V. P. Hughes, M. D.	Cullman	Do.
Dale	G. B. Baylis, M. D.	Ozark	Do.
Dallas	L. T. Lee, M. D.	Selma	Do.
De Kalb	W. A. Black, M. D.	Fort Payne	Do.
Elmore	L. Roy Poole, M. D.	Wetumpka	Do.
Escambia	H. E. Leming, M. D.	Brewton	Do.
Etowah	W. H. Harper, M. D.	Gadsden	Do.
Franklin	L. J. Graves, M. D.	Russellville	Do.
Houston	R. E. Neff, M. D.	Dothan	Do.
Jackson	A. C. Bradham, M. D.	Scottsboro	Do.
Jefferson	J. D. Dowling, M. D.	Birmingham	Do.
Lamar	T. E. Cato, M. D.	Vernon	Do.
Lauderdale	W. D. Hubbard, M. D.	Florence	Do.
Lawrence	R. E. Harper, M. D.	Moulton	Do.
Lee	C. M. Moore, M. D.	Opelika	Do.
Limestone	L. R. Murphree, M. D.	Athens	Do.
Lowndes	E. F. Leatherwood, M. D.	Hayneville	Do.
Macon	E. S. Miller, M. D.	Tuskegee	Do.
Madison	W. C. Hatchett, M. D.	Huntsville	Do.
Marengo	J. R. Long, M. D.	Linden	Do.
Marshall	D. C. Jordan, M. D.	Guntersville	Do.
Mobile	C. A. Mohr, M. D.	Mobile	Do.
Monroe	T. E. Tucker, M. D.	Monroeville	Do.
Montgomery	J. L. Bowman, M. D.	Montgomery	Do.
Morgan	H. C. McRee, M. D.	Albany	Do.
Pickens	J. L. Conyers, M. D.	Carrollton	Do.
Pike	W. H. Abernethy, M. D.	Troy	Do.
Shelby	A. Wilson Ball, M. D.	Columbiana	Do.
Sumter	J. S. Hough, M. D.	Livingston	Do.
Talladega	J. H. Hill, M. D.	Talladega	Do.
Tallapoosa	W. E. Wilson, M. D.	Dadeville	Do.

State and county	Name of health officer	Post-office address	Official title
Alabama—Continued.			
Tuscaloosa	A. A. Kirk, M. D	Tuscaloosa	County health officer.
Walker	A. M. Waldrop, M. D	Jasper	Do.
Washington	O. L. Chason, M. D	Chatom	Do.
Wilcox	E. L. McIntosh, M. D	Camden	Do.
Winston	C. A. Darnell, M. D	Double Springs	Do.
Arizona:			
Cochise	R. B. Durfee, M. D	Bisbee	County superintendent of public health.
Coconino	G. F. Manning, M. D	Flagstaff	Do.
Yuma	Harry A. Reese, M. D	Yuma	Do.
Arkansas:			
Arkansas	C. A. Henry, M. D	De Witt	Medical director.
Ashley	M. F. Houston, M. D	Hamburg	Do.
Chicot	W. D. Easterling, M. D	Lake Village	Do.
Conway	W. H. Bruce, M. D	Morrilton	Do.
Crittenden	J. T. Irby, M. D	Marion	Do.
Cross	J. D. McKie, M. D	Wynne	Do.
Desha	J. C. Miller, M. D	McGehee	Do.
Drew	R. R. King, M. D	Monticello	Do.
Faulkner	T. C. Watson, M. D	Conway	Do.
Garland	J. F. Merritt, M. D	Hot Springs	Do.
Jackson	W. P. Moore, M. D	Newport	Do.
Jefferson	George A. Hays, M. D	Pine Bluff	Do.
Little River	J. W. Ringgold, M. D	Ashdown	Do.
Mississippi	A. M. Washburn, M. D	Blytheville	Do.
Monroe	A. J. Dunklin, M. D	Clarendon	Do.
Phillips	W. B. Bruce, M. D	Helena	Do.
Pope	A. B. Tate, M. D	Russellville	Do.
Pulaski	V. T. Webb, M. D	Little Rock	Do.
Saline	T. F. Ballard, M. D	Benton	Do.
Sebastian	J. E. Johnson, M. D	Fort Smith	District health officer.
Union	Gordon Hastings, M. D	El Dorado	Medical director.
White	Orlie Parker, M. D	Searcy	Do.
Woodruff	J. F. Hays, M. D	McCrory	Do.
Yell	T. J. Pool, M. D	Ola	Do.
California:			
Contra Costa	I. O. Church, M. D	Martinez	Health officer.
Los Angeles	J. L. Pomeroy, M. D	Los Angeles	Do.
Madera	H. K. Naegle, M. D	Madera	Do.
Monterey			Do.
Orange	K. H. Sutherland, M. D	Santa Ana	Do.
Riverside	W. B. Wells, M. D	Riverside	Do.
San Diego	A. M. Lesem, M. D	San Diego	Do.
San Joaquin	J. J. Sippy, M. D	Stockton	Do.
San Luis Obispo	Allen F. Gillihan, M. D	San Luis Obispo	Do.
Santa Barbara	R. C. Main, M. D	Santa Barbara	Do.
Yolo	H. D. Lawhead, M. D	Woodland	Do.
Colorado:			
Otero	Guy A. Ashbaugh, M. D	Rocky Ford	Do.
Connecticut:			
Fairfield [1]	Lawrence E. Poole, M. D	Fairfield	Health officer and school physician.
Florida:			
Manatee	J. W. Henegan, D. V. M	Bradenton	County health officer.
Polk			
Sarasota	J. R. Scully, D. V. M	Sarasota	Do.
Georgia:			
Baldwin	Samuel A. Anderson, M. D	Milledgeville	Commissioner of health.
Bartow	H. C. Pearson, M. D	Cartersville	Do.
Bibb	J. D. Applewhite, M. D	Macon	Health officer.
Brooks	R. E. McClure, M. D	Quitman	Commissioner of health.
Chatham	V. H. Bassett, M. D	Savannah	Health officer.
Clarke	B. B. Bagby, M. D	Athens	Commissioner of health.
Cobb	J. E. Lester, M. D	Marietta	Do.
Coffee	T. H. Johnston, M. D	Douglas	Do.
Colquitt	T. H. Chesnutt, M. D	Moultrie	Do.
Crisp	Guy G. Lunsford, M. D	Cordele	Do.
Decatur	M. A. Fort, M. D	Bainbridge	Do.
De Kalb	J. R. Evans, M. D	Decatur	Do.
Dougherty	Hugo Robinson, M. D	Albany	Do.
Emanuel	Charles E. Duffin, M. D	Swainsboro	Do.
Floyd	B. V. Elmore, M. D	Rome	Do.
Glynn	H. L. Akridge, M. D	Brunswick	Do.
Grady	J. R. Dykes, M. D	Cairo	Do.
Hall	C. J. Wellborn, M. D	Gainesville	Do.
Laurens	O. H. Cheek, M. D	Dublin	Do.
Lowndes	G. T. Crozier, M. D	Valdosta	Do.
Mitchell	C. O. Rainey, M. D	Camilla	Do.
Richmond	J. Victor Roule, M. D	Augusta	Do.
Spalding	W. C. Humphries, M. D	Griffin	Do.
Sumter	W. H. Houston, M. D	Americus	Do.
Thomas	J. W. Wallace, M. D	Thomasville	Do.
Troup	S. C. Rutland, M. D	Lagrange	Do.

[1] Town.

State and county	Name of health officer	Post-office address	Official title
Georgia—Continued.			
Walker	J. H. Hammond, M. D.	La Fayette	Commissioner of health.
Ware	George E. Atwood, M. D.	Waycross	Do.
Washington	H. B. Jenkins, M. D.	Sandersville	Do.
Wayne	F. C. Story, M. D.	Jesup	Do.
Worth	W. C. Tipton, M. D.	Sylvester	Do.
Illinois:			
Cook	Herbert L. Wright, Ph. G., M. D., Dr. P. H.	Chicago, 737 South Lincoln Avenue.	Health director.
Du Page	W. V. Hopf, D. D. S.	Wheaton	Health officer.
Moragan	W. A. Claxton, M. D.	Jacksonville	Do.
Pulaski	R. M. Hathaway, M. D.	Mound City	Health director.
Kansas:			
Brown	R. B. Stafford, M. D.	Hiawatha	Health officer.
Butler	R. J. Cabeen, M. D.	Eldorado	County health officer.
Cherokee	C. C. Fuller, M. D.	Columbus	Health officer.
Geary	H. R. Ross, M. D.	Junction City	County health officer.
Greenwood	C. L. Miller, M. D.	Eureka	Health officer.
Jefferson	C. H. Munger, M. D.	Oskaloosa	Do.
Lyon	J. S. Fulton, M. D.	Emporia	Do.
Marion	J. H. Saylor, M. D.	Marion	County health officer.
Ottawa	C. R. Hepler, M. D.	Minneapolis	Health officer.
Shawnee	F. E. McCord, M. D.	Topeka	County health officer.
Kentucky:			
Ballard	G. L. Thompson, M. D.	Wickliffe	Health officer.
Bell	M. D. Hoskins, M. D.	Pineville	Do.
Boyd	R. D. Higgins, M. D.	Ashland	Do.
Breathitt	L. E. Smith, M. D.	Jackson	Do.
Bullitt	Russell B. Howard, M. D.	Shepherdsville	Do.
Carlisle	R. K. Galloway, M. D.	Bardwell	Do.
Carter	G. E. Cecil, M. D.	Grayson	Do.
Daviess	S. E. Hainline, M. D.	Owensboro	Do.
Elliott	W. H. Wheeler, M. D.	West Liberty	Do.
Estill	S. T. Scrivner, M. D.	Irvine	Do.
Fayette	F. P. Allen, M. D.	Lexington	Do.
Floyd	Marvin Ransdell, M. D.	Prestonsburg	Do.
Fulton	Hugh E. Prather, M. D.	Hickman	Do.
Henderson	F. C. Campbell, M. D.	Henderson	Do.
Hickman	Charles Hunt, M. D.	Clinton	Do.
Hopkins	Garland Weidner, M. D.	Madisonville	Do.
Jefferson	E. P. Whistler, M. D.	Louisville	Do.
Johnson	C. F. Holtegel, M. D.	Paintsville	Do.
Knott	J. W. Duke	Hindman	Do.
Knox	M. W. Steele, M. D.	Corbin	Do.
Lawrence	W. L. Orr, M. D.	Louisa	Do.
Lee	Edwin Cameron, M. D.	Beattyville	Do.
Leslie	H. C. Capps, M. D.	Hyden	Do.
Letcher	R. E. May, M. D.	Whitesburg	Do.
Magoffin	T. F. Long, M. D.	Salyersville	Do.
Martin	William N. Keith, M. D.	Inez	Do.
Mason	J. H. Hutchings, M. D.	Maysville	Do.
McLean	J. W. Scudder, M. D.	Calhoun	Do.
Menifee	E. T. Riley, M. D.	Frenchburg	Do.
Monroe	George W. Bushong, M. D.	Tompkinsville	Do.
Morgan	W. H. Wheeler, M. D.	West Liberty	Do.
Ohio	H. W. Terrell, M. D.	Hartford	Do.
Owsley	O. M. Goodloe, M. D.	Booneville	Do.
Perry	John O. Salyers, M. D.	Hazard	Do.
Pike	F. W. Forge, M. D.	Pikeville	Do.
Scott	A. Stewart, M. D.	Georgetown	Do.
Trigg	H. H. Bishop, M. D.	Cadiz	Do.
Webster	Roy Orsburn, M. D.	Dixon	Do.
Whitley	M. W. Steele, M. D.	Corbin	Do.
Wolfe	John L. Cox, M. D.	Campton	Do.
Louisiana: [1]			
Assumption	T. G. Scott, M. D.	Napoleonville	Director of health.
Avoyelles	R. W. Todd, M. D.	Marksville	Do.
Caddo	W. J. Sandidge, M. D.	Shreveport	Do.
Caldwell	Thomas Burk, M. D.	Columbia	Do.
Catahoula	John R. C. Carter, M. D.	Harrisonburg	Do.
Claiborne	R. C. Farrier, M. D.	Homer	Do.
Concordia	John Schreiber, M. D.	Vidalia	Do.
De Soto	Roger A. Tharp, M. D.	Mansfield	Do.
East Carroll	P. M. Payne, M. D.	Lake Providence	Do.
Franklin	R. E. Applewhite, M. D.	Winnsboro	Do.
Iberia	B. L. Stinson, M. D.	New Iberia	Do.
Iberville	I. D. Boyett, M. D.	Plaquemine	Do.
Lafayette	D. C. Johnson, M. D.	Lafayette	Do.
La Fourche	H. S. Smith, M. D.	Thibodaux	Do.
La Salle	R. S. Hernandez, M. D.	Jena	Do.
Madison	M. H. Jensen, M. D.	Talluiah	Do.
Morehouse	N. P. Liles, M. D.	Bastrop	Do.
Natchitoches	W. W. Knipmeyer, M. D.	Natchitoches	Do.
Ouachita	John W. Williams, M. D.	Monroe	Do.
Pointe Coupee	F. F. Rougon, M. D.	New Roads	Do.

[1] Parishes.

State and county	Name of health officer	Post-office address	Official title
Louisiana—Continued.			
Rapides	Edmond Klamke, M. D.	Alexandria	Director of health.
Richland	Lucien Treadway, M. D.	Rayville	Do.
St. Landry	W. W. Knowlton, M. D.	Opelousas	Do.
St. Martin	R. J. Gillespie, M. D.	St. Martinville	Do.
St. Mary	L. R. Craig, M. D.	Franklin	Do.
Tensas	G. D. Williams, M. D.	St. Joseph	Do.
Terrebonne	L. L. Williams, M. D.	Houma	Do.
Webster	E. B. Godfrey, M. D.	Minden	Do.
West Carroll	R. H. Allen, M. D.	Oak Grove	Do.
Maine: [1]			
Motbov Union	H. L. Jackson, M. D.	Old Town	
Rumford	Thomas S. Burr, M. D.	Rumford	
Sanford	W. H. Kelly, M. D	Sanford	
Vassalboro	A. R. Daviau, M. D.	Vassalboro	
Maryland:			
Allegany	J. P. Franklin, M. D.	Cumberland	County health officer.
Baltimore	J. S. Bowen, M. D.	Towson	Do.
Calvert	I. N. King, M. D.	Prince Frederick	Do.
Carroll	W. O. Stone, M. D.	Westminster	Do.
Frederick	E. C. Kefauver, M. D.	Frederick	Do.
Harford	T. A. Callahan, M. D.	Bel Air	Do.
Montgomery	W. T. Pratt, M. D.	Rockville	Do.
Prince Georges	W. S. Keister, M. D.	Upper Marlboro	Do.
Talbot	A. L. Oilar, M. D.	Easton	Do.
Massachusetts:			
Barnstable	A. P. Goff, M. D.	Hyannis	Do.
Michigan:			
Oakland	John D. Monroe, M. D.	Pontiac	County commissioner of health.
Saginaw	F. L. Rose, M. D.	Saginaw	County health officer.
Wexford	S. C. Moore, M. D.	Cadillac	Do.
Minnesota:			
St. Louis	G. J. Ferreira, M. D.	Duluth	Health officer.
Mississippi:			
Adams	B. D. Blackwelder, M. D.	Natchez	Director of health.
Bolivar	R. D. Dedwylder, M. D.	Cleveland	Do.
Clarke	D. S. Johnson, M. D.	Quitman	Do.
Coahoma	D. V. Galloway, M. D.	Clarksdale	Do.
Copiah	J. A. Milne, M. D.	Hazlehurst	Do.
Forrest	W. D. Beacham, M. D.	Hattiesburg	Do.
Hancock	C. M. Shipp, M. D.	Bay St. Louis	Do.
Harrison	D. J. Williams, M. D.	Gulfport	Health officer.
Hinds	W. E. Noblin, M. D.	Jackson	Director of health.
Holmes	T. Paul Haney, M. D.	Lexington	Do.
Humphreys	Paul S. Carley, M. D.	Belzoni	Do.
Issaquena	A. K. Barrier, M. D.	Rolling Fork	Do.
Jackson	R. G. Lauder, M. D.	Pascagoula	Do.
Jones	Hardie R. Hays, M. D.	Laurel	Do.
Lamar	W. H. Cleveland, M. D.	Purvis	Do.
Lauderdale	J. T. Googe, M. D.	Meridian	Do.
Lee	C. St. C. Guild, M. D.	Tupelo	Do.
Leflore	C. P. Coogle, M. D.	Greenwood	Do.
Lincoln	W. R. May, M. D.	Brookhaven	Do.
Monroe	C. H. Love, M. D.	Aberdeen	Do.
Pearl River	J. W. Shackelford, M. D.	Poplarville	Do.
Perry	B. T. Robinson, M. D.	New Augusta	Do.
Sharkey	A. K. Barrier, M. D.	Rolling Fork	Do.
Sunflower	J. H. Janney, M. D.	Indianola	Do.
Tishomingo			
Union	L. A. Barnett, M. D.	New Albany	Do.
Warren	F. Michael Smith, M. D.	Vicksburg	Do.
Washington	H. P. Rankin, M. D.	Greenville	Do.
Yazoo	H. L. McCalip, M. D.	Yazoo City	Do.
Missouri:			
Boone	Finis Suggett, M. D.	Columbia	County health officer.
Dunklin	E. L. Spence, M. D.	Kennett	Health officer.
Greene	J. W. Williams, jr., M. D.	Springfield	Do.
Jackson	J. T. Brennan, M. D.	Independence	Do.
Marion	E. M. Lucke, M. D.	Hannibal	Do.
Mississippi	James R. Lee, M. D.	Charleston	Do.
New Madrid	William N. O'Bannon, M. D.	New Madrid	Do.
Nodaway	C. P. Fryer, M.D., C.P. H.	Maryville	Do.
Pemiscot	W. S. Petty, M. D.	Caruthersville	Do.
St. Francois	W. W. Johnston, M. D.	Flat River	Do.
St. Louis	A. E. Walters, M. D.	Clayton	Do.
Scott	U. P. Haw, M. D.	Benton	Do.
Montana:			
Cascade	Thomas F. Walker, M. D.	Great Falls	Do.
Lewis and Clark	Arthur Jordon, M. D.	Helena	Do.
Missoula	F. D. Pease, M. D.	Missoula	Do.
New Mexico:			
Bernalillo	J. R. Scott, M. D.	Albuquerque	County health officer.
Chaves			
Dona Ana	C. W. Gerber, M. D.	Las Cruces	Do.

[1] Towns.

State and county	Name of health officer	Post-office address	Official title
New Mexico—Contd.			
Eddy	O. E. Puckett, M. D.	Carlsbad	County health officer.
Santa Fe	H. P. Mera, M. D.	Santa Fe	Do.
Union	C. H. Douthirt, M. D.	Clayton	Do.
Valencia	P. H. McNellis, M. D.	Los Lunas	Do.
New York:			
Cattaraugus	R. M. Atwater, M. D.	Olean	Do.
Suffolk	Arthur T. Davis, M. D.	Riverhead	Do.
North Carolina:			
Beaufort	R. E. Windley, M. D.	Washington	Do.
Bertie	J. E. Smith, M. D.	Windsor	Do.
Bladen	R. S. Cromartie, M. D.	Elizabethtown	Do.
Brunswick	R. E. Broadway, M. D.	Southport	Do.
Buncombe	G. A. Morgan, M. D.	Asheville	Do.
Cabarrus	D. G. Caldwell, M. D.	Concord	Do.
Columbus	Floyd Johnson, M. D.	Whiteville	Do.
Craven	D. E. Ford, M. D.	New Bern	Do.
Cumberland	J. W. McNeill, M. D.	Fayetteville	Do.
Davidson	G. C. Gambrell, M. D.	Lexington	Do.
Durham	J. H. Epperson, Ph. D.	Durham	Do.
Edgecombe	A. C. Norfleet, M. D.	Tarboro	Do.
Forsyth	J. R. Hege, M. D.	Winston-Salem	Do.
Gaston	C. J. McCombs, M. D.	Gastonia	Do.
Granville	J. A. Morris, M. D.	Oxford	Do.
Guilford	R. M. Buie, M. D.	Greensboro	Do.
Halifax	Z. P. Mitchell, M. D.	Weldon	Do.
Henderson	J. H. Woodcock, M. D.	Hendersonville	Do.
Johnston	C. C. Massey, M. D.	Smithfield	Do.
Lenoir	R. S. McGeachy, M. D.	Kinston	Do.
Mecklenburg	W. A. McPhaul, M. D.	Charlotte	Do.
Moore	J. Symington, M. D.	Carthage	Do.
Nash	G. F. Reeves, M. D.	Nashville	Do.
New Hanover	John H. Hamilton, M. D.	Wilmington	Do.
Northampton	M. H. Seawell, M. D.	Jackson	Do.
Pamlico	D. A. Dees, M. D.	Bayboro	Do.
Pitt	W. E. Futrelle, M. D.	Greenville	Do.
Randolph	G. H. Sumner, M. D.	Asheboro	Do.
Richmond	A. B. McCreary, M. D.	Rockingham	Do.
Robeson	E. R. Hardin, M. D.	Lumberton	Do.
Rowan	C. W. Armstrong, M. D.	Salisbury	Do.
Rutherford	J. C. Twitty, M. D.	Rutherfordton	Do.
Sampson	John D. Kerr, M. D.	Clinton	Do.
Surry	W. A. Johnson, M. D.	Mount Airy	Do.
Vance	F. R. Harris, M. D.	Henderson	Do.
Wake	A. C. Bulla, M. D.	Raleigh	Do.
Wayne	L. W. Corbett, M. D.	Goldsboro	Do.
Wilkes	J. W. White, M. D.	Wilkesboro	Do.
Wilson	L. J. Smith, M. D.	Wilson	Do.
Ohio:			
Allen	J. J. Sutter, M. D.	Lima	Health commissioner.
Ashtabula	W. S. Weiss, M. D.	Jefferson	Do.
Belmont	F. R. Dew, M. D.	St. Clairsville	Do.
Butler	C. J. Baldridge, M. D.	Hamilton	Do.
Clinton	W. K. Ruble, M. D.	Wilmington	Do.
Columbiana	T. T. Church, M. D.	Lisbon	Do.
Coshocton	D. M. Criswell, M. D.	Coshocton	Do.
Crawford	G. T. Wasson, M. D.	Bucyrus	Do.
Cuyahoga	Robert Lockhart, M. D.	Cleveland	Do.
Darke	Milford E. Barnes, M. D.	Greenville	Do.
Delaware	B. B. Barber, M. D.	Delaware	Do.
Erie	F. M. Houghtaling, M. D.	Sandusky	Do.
Fayette	James F. Wilson, M. D.	Washington C. H.	Do.
Franklin	P. B. Wiltberger, M. D.	Columbus	Do.
Geauga	Walter Corey, M. D.	Chardon	Do.
Hamilton	C. A. Neal, M. D.	Cincinnati	Do.
Hancock	S. F. Whisler, M. D.	Findlay	Do.
Hocking	Morton W. Bland, M. D.	Logan	Do.
Huron	B. C. Pilkey, M. D.	Norwalk	Do.
Jefferson	J. P. Young, M. D.	Steubenville	Do.
Lake	Walter Corey, M. D.	Painesville	Do.
Lorain	C. D. Barrett, M. D.	Oberlin	Do.
Lucas	F. F. DeVore, M. D.	Toledo	Do.
Mahoning	J. F. Elder, M. D.	Youngstown	Do.
Marion	N. Sifritt, M. D.	Marion	Do.
Meigs	Jane Nye Gilliford	Pomeroy	Do.
Mercer	F. E. Ayers, M. D.	Celina	Do.
Miami	E. R. Hiatt, M. D.	Troy	Do.
Montgomery	H. H. Pansing, M. D.	Dayton	Do.
Morrow	R. L. Pierce, M. D.	Mount Gilead	Do.
Perry	F. J. Crosbie, M. D.	New Lexington	Do.
Preble	H. Z. Silver, M. D.	Eaton	Do.
Richland	Theodore R. Meyer, M. D.	Mansfield	Do.
Ross	R. E. Bower, M. D.	Chillicothe	Do.
Sandusky	O. H. Thomas, M. D.	Fremont	Do.
Scioto	R. W. De Crow, M. D.	Portsmouth	Do.
Seneca	J. J. Heaton, M. D.	Tiffin	Do.

State and county	Name of health officer	Post-office address	Official title
Ohio—Continued.			
Shelby	B. S. Stephenson, M. D.	Sidney	Health commissioner.
Stark	Chester M. Peters, M. D.	Canton	Do.
Summit	R. H. Markwith, M. D.	Akron	Do.
Trumbull	L. A. Connell, M. D.	Warren	Do.
Tuscarawas	J. Blickensderfer, M. D.	New Philadelphia	Do.
Washington	Alfred G. Sturgiss, M. D.	Marietta	Do.
Wayne	W. G. Rhoten, M. D.	Wooster	Do.
Wood	H. J. Powell, M. D.	Bowling Green	Do.
Oklahoma:			
Carter	John L. Dorough, M. D.	Ardmore	County superintendent of health.
Kay	D. M. Cowgill, M. D.	Newkirk	Do.
Le Flore	W. F. Lunsford, M. D.	Poteau	Do.
McCurtain	R. D. Williams, M. D.	Idabel	Do.
Muskogee	G. S. Atkinson, M. D.	Muskogee	Do.
Okmulgee	J. O. Wails, M. D.	Okmulgee	Do.
Osage	A. R. Chisholm, M. D.	Pawhuska	Do.
Ottawa	F. P. Helm, M. D.	Miami	Do.
Pittsburg	C. M. Pearce, M. D.	McAlester	Do.
Seminole	George Hunter, M. D.	Wewoka	Do.
Oregon:			
Clackamas	W. H. Miller, M. D.	Oregon City	Health officer.
Coos	P. M. Drake, M. D.	Coquille	Do.
Douglas	DeWalt Payne, M. D.	Roseburg	Do.
Jackson	Emily F. Bolcom, M. D.	Medford	Do.
Klamath	G. S. Newsom, M. D.	Klamath Falls	Do.
Marion	Vernon Douglas, M. D.	Salem	Do.
Multnomah	H. R. Cliff, M. D.	Portland	Do.
South Carolina:			
Aiken	W. G. Bodie, M. D.	Aiken	Do.
Anderson	E. E. Epting, M. D.	Anderson	Do.
Beaufort	H. B. Senn, M. D.	Beaufort	Do.
Berkeley	T. B. Harper, M. D.	Moncks Corner	Do.
Charleston	Leon Banov, M. D.	Charleston	Do.
Cherokee	E. P. White, M. D.	Gaffney	Do.
Darlington	A. B. Hooton, M. D.	Darlington	Do.
Dillon	John B. Setzler, M. D.	Dillon	Do.
Dorchester	A. R. Johnston, M. D.	St. George	Do.
Fairfield	J. L. Bryson, M. D.	Winnsboro	Do.
Georgetown	Clem Ham, M. D.	Georgetown	Do.
Greenville	Baylis Earle, M. D.	Greenville	Do.
Greenwood	J. E. Brodie, M. D.	Greenwood	Do.
Horry	H. F. Wilson, M. D.	Conway	Do.
Marion	C. H. Tennant, M. D.	Marion	Do.
Newberry	H. G. Callison, M. D.	Newberry	Do.
Oconee	L. H. Jennings, M. D.	Walhalla	Do.
Orangeburg	G. C. Bolin, M. D.	Orangeburg	Do.
Richland	H. T. Kennedy, M. D.	Columbia	Do.
Spartanburg	J. Moss Beeler, M. D.	Spartanburg	Do.
South Dakota:			
Pennington	A. N. Crain, M. D.	Rapid City	County health officer.
Tennessee:			
Blount	K. A. Bryant, M. D.	Maryville	Director of health.
Bradley	H. M. Roberson, M. D.	Cleveland	Health officer.
Carter	J. N. Shell, M. D.	Elizabethton	Do.
Davidson	J. J. Lentz, M. D.	Nashville	County health officer.
Dyer	O. F. Agee, M. D.	Dyersburg	Health officer.
Gibson	F. L. Roberts, M. D.	Trenton	Do.
Greene	R. S. Cowles, M. D.	Greeneville	Do.
Hamilton	J. C. Eldridge, M. D.	Chattanooga	Do.
Knox	A. F. Richards, M. D.	Knoxville	Do.
Lake	J. P. Moon, M. D.	Tiptonville	Do.
Lauderdale	R. B. Griffin, M. D.	Ripley	Do.
Monroe	H. M. Kelso, M. D.	Madisonville	Do.
Montgomery	F. J. Malone, M. D.	Clarksville	Do.
Obion	C. B. A. Turner, M. D.	Union City	Do.
Roane	J. C. Fly, M. D.	Kingston	Do.
Rutherford	H. S. Mustard, M. D.	Murfreesboro	Do.
Sevier	C. S. Kinzer, M. D.	Sevierville	Director of health.
Shelby	W. B. Harrison, M. D.	Memphis	Health officer.
Sullivan	F. L. Moore, M. D.	Blountville	Do.
Washington	S. S. Moody, M. D.	Jonesboro	Do.
Weakley	M. D. Ingram, M. D.	Dresden	Do.
Williamson	W. C. Williams, M. D.	Franklin	Do.
Wilson	W. D. Cagle, M. D.	Lebanon	Do.
Texas:			
Cameron	Robert J. Gillespie, M. D.		Do.
Hidalgo	J. R. Mahone	Edinburg	Do.
McLennan	W. F. Curran, M. D.	Waco	Do.
Tarrant	T. C. Colley	Fort Worth	Do.
Utah:			
Box Elder	R. H. Wilson, M. D.	Brigham City	County health officer.
Davis	S. Gleason, M. D.	Kaysville	Do.
Utah	E. P. Oldham, M. D.	Provo	Do.

State and county	Name of health officer	Post-office address	Official title
Virginia:			
Accomac	D. St. C. Campbell, M. D.	Accomac	Health officer.
Albemarle	G. B. Young, M. D.	Charlottesville	Do.
Arlington	P. M. Chichester, M. D.	Clarendon	Do.
Augusta	H. M. Wallace, M. D.	Staunton	Do.
Brunswick	T. H. Valentine, M. D.	Lawrenceville	Do.
Greensville	do	do	Do.
Halifax	Kolbe Curtice	South Boston	Do.
Henrico	E. L. McQuade, M. D.	Richmond	Do.
Isle of Wight	J. B. Woods, M. D.	Smithfield	Do.
Nansemond	C. H. Dawson, M. D.	Suffolk	Do.
Norfolk	W. H. Pott, M. D.	Portsmouth	Do.
Northampton	D. St. C. Campbell, M. D.	Accomac	Do.
Princess Anne	W. H. Pott, M. D.	Portsmouth	Do.
Rockbridge	R. P. Cooke, M. D.	Lexington	Do.
Southampton	Harry Walker, M. D.	Courtland	Do.
Wise	W. R. Culbertson, M. D.	Norton	Do.
Washington:			
Chelan	Paul L. West, M. D.	Wenatchee	Do.
King	C. L. Dixon, M. D.	Seattle	Do.
Snohomish	H. M. Berge, M. D.	Everett	Do.
Spokane	W. L. Newman, M. D.	Spokane	Do.
Walla Walla	George H. T. Sparling, M. D.	Walla Walla	Do.
Whitman	R. J. Skaife, M. D.	Colfax	Do.
Yakima	H. Storgaard, M. D.	Yakima	Do.
West Virginia:			
Berkeley	W. Ross Cameron, M. D.	Martinsburg	Do.
Boone	A. M. Price, M. D.	Madison	Do.
Brooke	W. J. MacDonald, M. D.	Wellsburg	Do.
Fayette	H. H. Puckett, M. D.	Fayetteville	Do.
Gilmer	Arthur L. Oilar, M. D.	Glenville	Do.
Hancock	J. E. Fisher, M. D.	New Cumberland	Do.
Harrison	V. A. Selby, M. D., D. P. H.	Clarksburg	Do.
Kanawha	John Thames, M. D.	Charleston	Do.
Logan	P. B. Wingfield, M. D., D. P. H.	Logan	Do.
Marion	H. M. Batson, M. D.	Fairmont	Do.
Ohio	W. H. McLain, M. D.	Wheeling	Do.
Preston	L. H. Lewis, M. D.	Kingwood	Do.
Raleigh	G. W. Luckey, M. D.	Beckley	Do.
Wood	Arthur D. Knott, M. D.	Parkersburg	Do.
Wyoming:			
Natrona	H. Garst, M. D.	Casper	Director of health.

COURT DECISIONS RELATING TO PUBLIC HEALTH

Removal of local sanitation and quarantine officer.—(Iowa Supreme Court; Young *v.* Huff, Mayor, et al., 227 N. W. 122; decided October 22, 1929.) Section 2232 of the 1927 Code provided as follows:

> Upon request of the local board [of health], the mayor in every city or town shall appoint a member of the police force to be a permanent sanitation and quarantine officer who shall be subject to the orders and directions of the local board and its health officer in the execution of health and quarantine regulations.

In construing this section the supreme court held that an appointment thereunder was subject to the provisions of section 5638 of the code which provided that "All persons appointed to office in any city or town may be removed by the officer or body making the appointment, but every such removal shall be by written order, which shall give the reasons therefor and be filed with the city clerk."

Parent's opposition to vaccination held no excuse for failure to send children to school.—(Massachusetts Supreme Judicial Court; Commonwealth *v.* Green, 168 N. E. 101; decided October 2, 1929.) The defendant was convicted of failing to send his two children to school as required by statute. The statute also provided that an unvacci-

nated child should not be admitted to a public school except upon presentation of a physician's certificate. The defendant admitted that he refused to have his children vaccinated and that he knew that the authorities would not allow them to attend school unless vaccinated. No physician's certificate was obtained and, upon the defendant's testimony, the physical condition of the children was such that a certificate could not properly have been given. The conviction was upheld by the supreme court, which in its opinion stated:

> The requirement for vaccination has been held to be constitutional. * * * The defendant's views can not affect the validity of the statute nor entitle him to be excepted from its provisions. * * * By statute vaccination is made a condition precedent to the right of a child to attend a public school. * * * The defendant's sole defense to the complaint so far as it is disclosed by the record seems to be that because of his religious belief and conscientious scruples concerning vaccination he should not be held to have incurred the penalty of the statute for failing to send his children to school. But he can not thus avoid this penalty, even if their failure to attend school was based upon this ground alone. * * * It was his own act which kept the children in the class ineligible for school attendance.

DEATHS DURING WEEK ENDED NOVEMBER 30, 1929

Summary of information received by telegraph from industrial insurance companies for the week ended November 30, 1929, and corresponding week of 1928. (From the Weekly Health Index, December 4, 1929, issued by the Bureau of the Census, Department of Commerce)

	Week ended Nov. 30, 1929	Corresponding week, 1928
Policies in force	75, 202, 228	72, 286, 055
Number of death claims	11, 704	11, 503
Death claims per 1,000 policies in force, annual rate	8. 1	8. 3

Deaths from all causes in certain large cities of the United States during the week ended November 30, 1929, infant mortality, annual death rate, and comparison with corresponding week of 1928. (From the Weekly Health Index, December 4, 1929, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Nov. 30, 1929		Annual death rate per 1,000, corresponding week, 1928	Deaths under 1 year		Infant mortality rate, week ended Nov. 30, 1929 [2]
	Total deaths	Death rate [1]		Week ended Nov. 30, 1929	Corresponding week, 1928	
Total (64 cities)	7,006	12.3	12.6	604	678	[3] 53
Akron	48			8	8	83
Albany [4]	43	18.7	16.1	2	6	40
Atlanta	72	14.8	14.3	10	10	104
White	35			8	5	
Colored	37	(5)	(5)	2	5	
Baltimore [4]	250	15.7	14.0	18	18	58
White	199			14	13	56
Colored	51	(5)	(5)	4	5	63
Birmingham	73	17.2	17.2	9	6	81
White	30			3	4	45
Colored	43	(5)	(5)	6	2	137
Boston	263	13.3	13.6	18	19	50
Bridgeport	33			6	2	104

See footnotes at end of table.

Deaths from all causes in certain large cities of the United States during the week ended November 30, 1929, infant mortality, annual death rate, and comparison with corresponding week of 1928—Continued

City	Week ended Nov. 30, 1929		Annual death rate per 1,000, corresponding week, 1928	Deaths under 1 year		Infant mortality rate, week ended Nov. 30, 1929
	Total deaths	Death rate		Week ended Nov. 30, 1929	Corresponding week, 1928	
Buffalo	154	14.5	14.6	14	19	60
Cambridge	38	15.8	15.0	2	3	36
Camden	21	8.1	9.3	2	2	35
Canton	27	12.1	16.1	1	6	24
Chicago [4]	698	11.6	11.3	80	62	79
Cincinnati	138			12	10	70
Cleveland	185	9.6	9.9	22	15	65
Columbus	69	12.1	11.9	7	9	66
Dallas	58	13.9	12.5	4	7	
White	41			2	6	
Colored	17	(5)	(5)	2	1	
Dayton	31	8.8	9.1	3	3	48
Denver	79	14.0	16.2	8	9	77
Des Moines	35	12.0	14.1	7	2	126
Detroit	265	10.0	11.6	33	45	53
Duluth	19	8.5	12.1	1	2	24
El Paso	44	19.5	12.9	10	4	
Erie	21			4	2	82
Fall River [4]	24	9.3	9.0	2	1	38
Flint	34	11.9	10.2	7	8	85
Fort Worth	38	11.6	7.7	2	2	
White	35			2	1	
Colored	3	(5)	(5)	0	1	
Grand Rapids	37	11.8	10.2	5	2	76
Houston	86			5	6	
White	47			3	5	
Colored	39	(5)	(5)	2	1	
Indianapolis	90	12.3	16.3	0	2	0
White	74			0	2	0
Colored	16	(5)	(5)	0	0	0
Jersey City	77	12.4	10.1	7	7	54
Kansas City, Kans	25	11.0	11.0	2	4	44
White	18			1	4	25
Colored	7	(5)	(5)	1	0	179
Kansas City, Mo	113	15.1	15.4	6	10	51
Knoxville	27	13.4	15.4	3	5	66
White	22			3	4	73
Colored	5	(5)	(5)	0	1	0
Los Angeles	263			17	16	50
Louisville	88	14.0	11.9	5	6	41
White	68			4	3	37
Colored	20	(5)	(5)	1	3	63
Lowell	18			1	3	23
Lynn	28	13.9	11.9	1	2	27
Memphis	97	26.7	15.1	9	6	106
White	44			5	3	95
Colored	53	(5)	(5)	4	3	125
Milwaukee	86	8.3	10.1	11	14	48
Minneapolis	94	10.8	10.3	5	9	31
Nashville	47	17.6	14.2	4	2	65
White	30			2	0	43
Colored	17	(5)	(5)	2	2	126
New Bedford	19			6	7	129
New Haven	42	11.7	12.5	1	3	15
New Orleans	169	20.6	23.6	15	17	74
White	90			6	7	42
Colored	79	(5)	(5)	9	10	151
New York	1,297	11.3	12.2	105	131	43
Bronx Borough	162	8.9	9.1	12	17	35
Brooklyn Borough	444	10.1	11.3	41	54	42
Manhattan Borough	505	15.1	16.8	38	50	46
Queens Borough	146	8.9	7.8	13	10	53
Richmond Borough	40	13.9	14.6	1	0	18
Newark, N. J	112	12.4	10.5	13	11	69
Oakland	72	13.7	14.9	1	2	11
Oklahoma City	33			3	3	60
Omaha	58	13.6	13.1	2	7	23
Paterson	42	15.2	7.6	5	2	88
Philadelphia	419	10.6	11.3	28	42	40
Pittsburgh	181	14.0	14.4	10	20	34
Portland, Oreg	67			6	4	69
Providence	68	12.4	13.3	4	7	35

See footnotes at end of table.

Deaths from all causes in certain large cities of the United States during the week ended November 30, 1929, infant mortality, annual death rate, and comparison with corresponding week of 1928—Continued

City	Week ended Nov. 30, 1929		Annual death rate per 1,000, corresponding week, 1928	Deaths under 1 year		Infant mortality rate, week ended Nov. 30, 1929
	Total deaths	Death rate		Week ended Nov. 30, 1929	Corresponding week, 1928	
Richmond	49	13.2	12.1	7	8	98
White	32			3	2	64
Colored	17	(5)	(5)	4	6	164
Rochester	78	12.4	13.2	7	7	59
St. Louis	215	13.3	13.4	6	17	20
St. Paul	69			3	2	31
Salt Lake City [4]	35	13.3	22.7	3	5	46
San Antonio	90	21.6	12.7	13	9	
San Diego	43			1	3	19
San Francisco	147	13.1	18.0	5	6	32
Schenectady	15	8.4	11.8	0	5	0
Seattle	64	8.7	11.7	5	4	53
Somerville	20	10.2	6.1	0	1	0
Spokane	31	14.9	17.3	3	3	78
Springfield, Mass	34	11.9	12.2	3	3	50
Syracuse	65	17.1	12.1	3	4	36
Tacoma	28	13.2	6.2	1	2	28
Toledo	77	12.9	13.2	9	9	84
Trenton	26	9.8	15.8	1	5	18
Washington, D. C	151	14.3	12.7	14	10	82
White	90			6	4	51
Colored	61	(5)	(5)	8	6	152
Waterbury	15			4	1	102
Wilmington, Del	35	14.2	7.3	3	0	78
Worcester	51	13.5	15.3	3	6	38
Yonkers	22	9.5	11.6	3	0	70
Youngstown	44	13.2	10.8	2	5	29

[1] Annual rate per 1,000 population.
[2] Deaths under 1 year per 1,000 births. Cities left blank are not in the registration area for births.
[3] Data for 72 cities.
[4] Deaths for week ended Friday.
[5] In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentages of the total population: Atlanta, 31; Baltimore, 15; Birmingham, 39; Dallas, 15; Fort Worth, 14; Houston, 25; Indianapolis, 11; Kansas City, Kans., 14; Knoxville, 15; Louisville, 17; Memphis, 38; Nashville, 30; New Orleans, 26; Richmond, 32; and Washington, D. C., 25.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary and the figures are subject to change when later returns are received by the State health officers

Reports for Weeks Ended November 30, 1929, and December 1, 1928

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended November 30, 1929, and December 1, 1928

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Nov. 30, 1929	Week ended Dec. 1, 1928	Week ended Nov. 30, 1929	Week ended Dec. 1, 1928	Week ended Nov. 30, 1929	Week ended Dec. 1, 1928	Week ended Nov. 30, 1929	Week ended Dec. 1, 1928
New England States:								
Maine	6	6	7	3	6	137	1	1
New Hampshire	4	3	5	11	71	13	0	0
Vermont	3				5	5	0	0
Massachusetts	131	96	3	13	91	482	2	4
Rhode Island	17	35			2	27	0	0
Connecticut	25	15	1	5	2	80	0	0
Middle Atlantic States:								
New York	173	218	[1] 11	[1] 20	164	421	21	20
New Jersey	182	97	4	9	31	60	4	3
Pennsylvania	171	233			302	890	2	2
East North Central States:								
Ohio	89	155	15	22	361	236	10	5
Indiana	39	63		261	12	62	0	0
Illinois	231	260	16	92	325	213	9	9
Michigan	194	98	6	4	179	22	7	10
Wisconsin	36	12	13	22	508	147	3	4
West North Central States:								
Minnesota	22	21			57	24	5	2
Iowa	8	26			78		1	0
Missouri	45	74	16	37	12	21	7	1
North Dakota	4	15			10	3	0	0
South Dakota	2	1			6	2	0	0
Nebraska	19	29	5	17	49		1	1
Kansas	46	32	3	7	50	10	3	0
South Atlantic States:								
Delaware	7	1				3	0	0
Maryland [2]	32	37	32	15	30	28	2	1
District of Columbia	21	17		4		1	1	0
West Virginia	39	26	35	16	23	69	0	1
North Carolina	112	146	6			14	1	0
South Carolina	35	66	547	2,718		4	0	0
Georgia	22	48	53	344	16	26	0	2
Florida	19	15	1	25	5	3	0	1
East South Central States:								
Kentucky	27	16			135		1	3
Tennessee	34	28	82	107	1	3	5	2
Alabama	51	94	67	158	2	18	1	0
Mississippi	41	23					0	0
West South Central States:								
Arkansas	20	21	65	90	1	38	2	1
Louisiana	41	34	28	17	10	31	2	0
Oklahoma [3]	68	86	123	53	12	6	2	1
Texas	115	86	10	31	2	31	1	2
Mountain States:								
Montana	4	2		3,372	56	83	2	4
Idaho	1	4		11	20	3	1	6
Wyoming	7	3		6		3	1	1
Colorado	6	11		37	7	10	0	3
New Mexico	8	3	3	66	15	1	1	0
Arizona	20	7	5	18		1	10	0
Utah [2]	2	3	1	258	18	1	3	1

[1] New York City only.
[2] Week ended Friday.
[3] Figures for 1929 are exclusive of Oklahoma City and Tulsa and for 1928 are exclusive of Tulsa only.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended November 30, 1929, and December 1, 1928—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Nov. 30, 1929	Week ended Dec. 1, 1928	Week ended Nov. 30, 1929	Week ended Dec. 1, 1928	Week ended Nov. 30, 1929	Week ended Dec. 1, 1928	Week ended Nov. 30, 1929	Week ended Dec. 1, 1928
Pacific States:								
Washington	8	28	----	8	18	25	5	3
Oregon	10	14	22	296	13	48	4	1
California	73	76	65	8,213	132	25	7	6

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Nov. 30, 1929	Week ended Dec. 1, 1928	Week ended Nov. 30, 1929	Week ended Dec. 1, 1928	Week ended Nov. 30, 1929	Week ended Dec. 1, 1928	Week ended Nov. 30, 1929	Week ended Dec. 1, 1928
New England States:								
Maine	0	1	42	24	0	28	3	4
New Hampshire	0	0	21	26	0	0	0	1
Vermont	0	0	11	10	1	1	0	0
Massachusetts	2	4	193	173	0	0	2	5
Rhode Island	0	0	17	17	0	0	0	0
Connecticut	0	2	52	31	0	7	3	3
Middle Atlantic States:								
New York	0	5	266	259	16	0	13	21
New Jersey	1	1	121	76	0	0	5	7
Pennsylvania	9	4	347	276	4	0	22	27
East North Central States:								
Ohio	4	4	346	253	176	20	22	11
Indiana	1	0	111	99	113	50	2	4
Illinois	1	2	478	295	82	32	10	21
Michigan	2	1	256	342	36	15	5	16
Wisconsin	0	0	87	114	21	21	52	3
West North Central States:								
Minnesota	0	5	94	89	2	1	5	1
Iowa	1	0	50	99	48	103	7	3
Missouri	0	1	95	77	11	14	2	9
North Dakota	0	1	20	38	11	0	0	2
South Dakota	0	0	9	23	22	17	1	2
Nebraska	0	0	50	66	33	18	0	3
Kansas	0	1	111	101	35	13	3	7
South Atlantic States:								
Delaware	0	0	4	3	0	0	0	0
Maryland [1]	1	3	41	40	0	0	8	9
District of Columbia	0	0	8	10	0	0	0	0
West Virginia	0	0	84	64	9	9	25	10
North Carolina	5	2	94	133	6	7	7	10
South Carolina	0	1	27	31	0	0	8	17
Georgia	3	1	39	48	0	0	1	16
Florida	0	2	10	18	1	0	0	12
East South Central States:								
Kentucky	1	0	73	36	12	6	5	7
Tennessee	2	1	53	25	0	9	19	14
Alabama	0	0	39	31	0	0	4	8
Mississippi	0	0	19	20	0	1	5	7
West South Central States:								
Arkansas	0	0	42	18	3	0	13	6
Louisiana	3	0	16	32	2	6	11	14
Oklahoma [2]	0	1	40	73	22	38	24	25
Texas	0	0	34	41	16	13	3	42
Mountain States:								
Montana	0	0	43	49	17	45	3	1
Idaho	0	0	10	7	1	37	0	3
Wyoming	0	0	1	18	15	1	0	0
Colorado	0	1	30	25	31	3	0	0
New Mexico	0	1	6	10	1	0	5	3
Arizona	0	0	15	7	0	14	2	0
Utah [2]	0	0	15	5	1	4	1	1
Pacific States:								
Washington	0	4	40	44	62	25	1	5
Oregon	1	0	42	32	10	51	2	3
California	2	5	281	161	27	13	5	4

[1] Week ended Friday.
[2] Figures for 1929 are exclusive of Oklahoma City and Tulsa and for 1928 are exclusive of Tulsa only.

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week:

State	Meningococcus meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
September, 1929										
Colorado	3	33	------	1	18	------	2	35	37	37
West Virginia	3	80	36	------	65	------	17	146	20	156
October, 1929										
Colorado	4	31	------	------	15	------	0	68	33	21
Kansas	2	182	2	1	200	------	6	341	51	18
Missouri	22	242	40	59	74	------	2	282	48	58
North Carolina	10	1,192	23	------	10	135	19	602	28	83
Wisconsin	10	106	95	------	825	------	1	325	63	53

September, 1929

	Cases
Chicken pox:	
Colorado	41
West Virginia	11
Dysentery:	
Colorado	1
German measles:	
Colorado	1
Lethargic encephalitis:	
Colorado	1
Mumps:	
Colorado	25
Paratyphoid fever:	
Colorado	1
Tularæmia:	
Colorado	1
Whooping cough:	
Colorado	48
West Virginia	116

October, 1929

Chicken pox:	
Colorado	179
Kansas	231
Missouri	169
North Carolina	156
Wisconsin	1,013
Conjunctivitis:	
Kansas	1
German measles:	
Colorado	2
Kansas	5
North Carolina	6
Wisconsin	8
Impetigo contagiosa:	
Colorado	7
Kansas	1
Lethargic encephalitis:	
Kansas	3
Missouri	1
Wisconsin	3
Mumps:	
Colorado	19
Kansas	120

October, 1919—Continued

Mumps—Continued.	Cases
Missouri	14
Wisconsin	146
Ophthalmia neonatorum:	
North Carolina	2
Paratyphoid fever:	
Kansas	2
North Carolina	1
Rabies in animals:	
Missouri	8
Rabies in man:	
Colorado	1
Scabies:	
Colorado	1
Kansas	9
Septic sore throat:	
Kansas	3
Missouri	9
North Dakota	21
Tetanus:	
Kansas	2
Missouri	1
Trachoma:	
Colorado	1
Missouri	16
Trench mouth:	
Kansas	1
Tularæmia:	
North Carolina	1
Undulant fever:	
Colorado	2
Kansas	8
Missouri	12
Wisconsin	1
Vincent's angina:	
Colorado	5
Kansas	3
Whooping cough:	
Colorado	60
Kansas	123
Missouri	163
North Carolina	560
Wisconsin	637

Number of Cases of Certain Communicable Diseases Reported for the Month of September, 1929, by State Health Officers

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid and paratyphoid fever	Whooping cough
Maine	20	10	34	17	69	0	19	9	30
New Hampshire	----	9	----	----	24	----	----	2	----
Vermont	21	6	17	----	14	1	17	5	78
Massachusetts	127	223	106	67	278	0	394	39	415
Rhode Island	3	32	3	----	11	0	38	8	20
Connecticut	38	58	18	19	47	0	119	35	87
New York	200	345	358	263	280	7	1,559	199	1,354
New Jersey	54	268	42	----	132	0	387	58	508
Pennsylvania	200	464	230	163	405	3	536	196	1,352
Ohio	188	174	137	57	443	80	533	178	692
Indiana	23	85	18	4	132	61	211	44	72
Illinois	214	475	165	110	590	64	910	119	972
Michigan	115	271	251	87	319	79	456	47	524
Wisconsin	132	72	206	73	180	24	171	53	733
Minnesota	81	68	14	----	226	16	242	25	147
Iowa	----	20	----	----	86	31	----	29	----
Missouri	38	97	43	17	134	48	184	66	162
North Dakota	21	30	32	23	30	10	20	5	32
South Dakota	11	16	9	7	31	39	10	14	54
Nebraska	19	47	22	13	46	21	20	11	51
Kansas	45	90	100	75	196	24	124	49	95
Delaware	1	2	1	----	1	0	[1] 14	13	3
Maryland	23	54	10	13	98	0	221	82	147
District of Columbia	4	48	4	----	22	0	84	7	22
Virginia	81	330	72	----	181	2	[1] 104	124	537
West Virginia	11	80	65	----	146	20	43	156	116
North Carolina	74	829	12	----	409	20	----	152	746
South Carolina	17	386	4	7	44	0	44	27	97
Georgia	4	101	16	26	102	9	61	119	135
Florida	4	69	5	11	14	0	19	4	21
Kentucky [2]	----	----	----	----	----	----	----	----	----
Tennessee	6	202	10	4	157	5	299	273	101
Alabama	7	240	13	5	155	0	284	103	75
Mississippi	147	261	33	96	109	0	276	148	733
Arkansas	8	27	9	25	33	0	[1] 10	91	28
Louisiana	----	111	23	2	57	4	[1] 134	95	24
Oklahoma [3]	2	162	46	3	105	7	63	172	32
Texas [2]	----	----	----	----	----	----	----	----	----
Montana	25	7	283	68	46	30	11	132	15
Idaho	31	8	32	35	35	41	7	8	31
Wyoming	4	1	12	6	10	9	----	9	3
Colorado	41	33	18	25	35	37	146	38	48
New Mexico [3]	----	----	----	----	----	----	----	----	----
Arizona	1	14	5	9	10	5	56	11	20
Utah [3]	----	----	----	----	----	----	----	----	----
Nevada	----	2	----	----	1	0	10	1	1
Washington	121	55	25	120	102	56	154	40	205
Oregon	25	15	15	48	22	23	42	21	35
California	268	133	112	580	301	88	667	47	429

[1] Pulmonary. [2] Reports received weekly. [3] Exclusive of Oklahoma City and Tulsa.

Case Rates per 1,000 Population (Annual Basis) for the Month of September, 1929

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid and paratyphoid fever	Whooping cough
Maine	0.31	0.15	0.52	0.26	1.05	0	0.29	0.14	0.46
New Hampshire	----	.24	----	----	.64	----	----	.05	----
Vermont	.72	.21	.59	----	.48	.03	.59	.17	2.69
Massachusetts	.36	.63	.30	.19	.78	0	1.11	.11	1.16
Rhode Island	.05	.53	.05	----	.18	0	.64	.13	.33
Connecticut	.27	.42	.13	.14	.34	0	.85	.25	.62
New York	.21	.36	.37	.27	.29	.01	1.62	.21	1.41
New Jersey	.17	.84	.13	----	.41	0	1.21	.18	1.59
Pennsylvania	.24	.57	.28	.20	.49	0	.65	.24	1.65
Ohio	.33	.31	.24	.10	.78	.14	.93	.31	1.21
Indiana	.09	.32	.07	.02	.50	.23	.80	.17	.27
Illinois	.35	.77	.27	.18	.96	.10	1.48	.19	1.58
Michigan	.30	.70	.60	.23	.83	.20	1.18	.12	1.36
Wisconsin	.54	.29	.84	.30	.73	.10	.70	.22	2.98
Minnesota	.36	.30	.06	----	1.60	.07	1.07	.11	.65
Iowa	----	.10	----	----	.43	.16	----	.15	----
Missouri	.13	.33	.15	.06	.46	.17	.63	.23	.56
North Dakota	.40	.57	.61	.44	.57	.19	.38	.09	.61
South Dakota	.19	.27	.15	.12	.53	.67	.17	.24	.92
Nebraska	.16	.40	.19	.11	.39	.18	.17	.09	.44
Kansas	.30	.59	.66	.50	1.29	.16	.82	.32	.63
Delaware	.05	.10	.05	----	.05	0	[1] 1.70	.65	.15
Maryland	.17	.40	.07	.10	.73	0	1.64	.61	1.09
District of Columbia	.09	1.04	.09	----	.47	0	1.81	.15	.47
Virginia	.38	1.54	.34	----	.85	.01	[1] 1.49	.58	2.51
West Virginia	.08	.56	.45	----	1.01	.14	.30	1.08	.81
North Carolina	.30	3.39	.05	----	1.67	.08	----	.62	3.05
South Carolina	.11	2.49	.03	.05	.28	0	.28	.17	.63
Georgia	.02	.38	.06	.10	.38	.03	.23	.45	.51
Florida	.03	.58	.04	.09	.12	0	.16	.03	.18
Kentucky [2]	----	----	----	----	----	----	----	----	----
Tennessee	.03	.98	.05	.02	.76	.02	1.44	1.32	.49
Alabama	.03	1.12	.06	.02	.73	0	1.33	.48	.35
Mississippi	1.00	1.77	.22	.65	.74	0	1.88	1.01	4.98
Arkansas	.05	.17	.06	.15	.20	0	[1] 1.06	.56	.17
Louisiana	----	.69	.14	.01	.35	.02	[1] 1.83	.59	.15
Oklahoma [3]	.01	.91	.26	.02	.59	.04	.35	.96	.18
Texas [3]	----	----	----	----	----	----	----	----	----
Montana	.55	.16	5.83	1.51	1.02	.66	.24	2.93	.33
Idaho	.68	.17	.70	.76	.76	.89	.15	.17	.68
Wyoming	.19	.05	.58	.29	.48	.43	----	.43	.14
Colorado	.45	.36	.20	.28	.39	.41	1.61	.42	.53
New Mexico [3]	----	----	----	----	----	----	----	----	----
Arizona	.02	.35	.12	.22	.25	.12	1.39	.27	.50
Utah [2]	----	----	----	----	----	----	----	----	----
Nevada	----	.31	----	----	.16	0	1.57	.16	.16
Washington	.91	.42	.19	.91	.77	.42	1.16	.30	1.55
Oregon	.33	.20	.20	.64	.29	.31	.56	.28	.47
California	.70	.35	.29	1.51	.78	.23	1.73	.12	1.12

[1] Pulmonary. [2] Reports received weekly. [3] Exclusive of Oklahoma City and Tulsa.

RECIPROCAL NOTIFICATIONS

Notifications regarding communicable diseases sent during the month of October, 1929, by departments of health of certain States to other State health departments

Disease	California	Connecticut	Illinois	Kansas	Massachusetts	Minnesota	New York	Ohio
Gonorrhea						4		
Malaria	1							
Paratyphoid fever			1					
Scarlet fever							2	
Smallpox			8					
Syphilis				21		5		
Tuberculosis	2		8			14		1
Typhoid fever	7	1	5		3	[1]3	9	

[1] 1 carrier included.

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

The 97 cities reporting cases used in the following table are situated in all parts of the country and have an estimated aggregate population of more than 31,550,000. The estimated population of the 90 cities reporting deaths is more than 29,980,000. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Weeks ended November 23, 1929, and November 24, 1928

	1929	1928	Estimated expectancy
Cases reported			
Diphtheria:			
46 States	2,333	2,616	
97 cities	1,127	979	1,245
Measles:			
45 States	2,681	3,466	
97 cities	436	656	
Meningococcus meningitis:			
45 States	138	91	
97 cities	68	46	
Poliomyelitis:			
46 States	55	48	
Scarlet fever:			
46 States	3,826	3,645	
97 cities	1,324	1,048	1,035
Smallpox:			
46 States	1,088	541	
97 cities	143	44	24
Typhoid fever:			
46 States	378	405	
97 cities	76	57	60
Deaths reported			
Influenza and pneumonia:			
90 cities	638	805	
Smallpox:			
90 cities	0	0	

City reports for week ended November 23, 1929

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence the number of cases of the disease under consideration that may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding weeks of the preceding years. When the reports include several epidemics, or when for other reasons the median is unsatisfactory, the epidemic periods are excluded and the estimated expectancy is the mean number of cases reported for the week during nonepidemic years.

If the reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1920 is included. In obtaining the estimated expectancy, the figures are smoothed when necessary to avoid abrupt deviation from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city	Population, July 1, 1928, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland	78,600	35	2	1		0	0	9	3
New Hampshire:									
Concord	(1)	0	0	0		0	9	0	2
Manchester	85,700	0	3	0		0	0	0	3
Nashua	(1)	0	0	0		0	0	0	0
Vermont:									
Barre	(1)	0	1	0		0	0	0	0
Massachusetts:									
Boston	799,200	62	40	22	2	1	14	50	15
Fall River	134,300	9	4	0		0	0	0	0
Springfield	149,800	36	5	9		0	0	0	2
Worcester	197,600	39	6	3		0	2	0	1
Rhode Island:									
Pawtucket	73,100	7	2	3		0	0	0	1
Providence	286,300	1	11	12	1	0	0	0	7
Connecticut:									
Bridgeport	(1)	6	0	0		1	0	0	2
Hartford	172,300	14	8	2		0	0	0	4
New Haven	187,900	27	2	0		0	0	1	2
MIDDLE ATLANTIC									
New York:									
Buffalo	555,800	44	19	31		0	1	6	9
New York	6,017,500	125	191	117	12	7	11	53	128
Rochester	328,200	4	6	1		0	1	2	3
Syracuse	199,300	50	9	0		0	0	35	0
New Jersey:									
Camden	135,400	3	8	5		0	0	0	0
Newark	473,600	50	18	52	4	0	17	12	6
Trenton	139,000	0	5	1		0	5	0	
Pennsylvania:									
Philadelphia	2,064,200	114	77	14	7	8	19	34	36
Pittsburgh	673,800	132	31	32		3	17	3	36
Reading	115,400	34	4	2		0	0	0	2
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	413,700	5	18	8		1	1	0	12
Cleveland	1,010,300	152	57	10	3	0	19	7	14
Columbus	299,000	35	15	2		0	1	0	0
Toledo	313,200	152	15	2		0	114	4	5
Indiana:									
Fort Wayne	105,300	0	4	1		0	0	0	4
Indianapolis	382,100	70	14	7		0	3	8	21
South Bend	86,100	2	3	3		0	0	0	0
Terre Haute	73,500	6	2	2		0	0	0	1
Illinois:									
Chicago	3,157,400	164	110	158	11	4	16	26	64
Springfield	67,200	8	2	4		0	0	1	1
Michigan:									
Detroit	1,378,900	133	72	88	6	3	76	30	20
Flint	148,800	60	7	1		1	3	1	3
Grand Rapids	164,200	7	4	3		0	0	2	0

[1] No estimate of population made.

City reports for week ended November 23, 1929—Continued

Division, State, and city	Population, July 1, 1928, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
EAST NORTH CENTRAL—continued									
Wisconsin:									
Kenosha	56,500	8	2	0		0	0	0	1
Madison	50,500	2	2	0	15	0	0	2	0
Milwaukee	544,200	0	24	186		0	0	21	9
Racine	74,400	14	3	0		0	1	1	0
Superior	(1)	1	1	0		0	28	1	0
WEST NORTH CENTRAL									
Minnesota:									
Duluth	116,800	17	1	2		0	9	1	1
Minneapolis	455,900	173	34	15		2	20	14	6
St. Paul	(1)	42	18	1		0	0	6	4
Iowa:									
Davenport	(1)	5	0	0			1	0	
Des Moines	151,900	0	4	0			0	0	
Sioux City	80,000	11	3	0			1	0	
Waterloo	37,100	31	0	0			2	0	
Missouri:									
Kansas City	391,000	62	11	4		0	3	1	10
St. Joseph	78,500	3	1	1		0	0	0	0
St. Louis	848,100	17	49	43	2	1	2	7	
North Dakota:									
Fargo	(1)	11	0	0		0	0	0	0
Grand Forks	(1)	28	0	0			0	0	
South Dakota:									
Aberdeen	(1)	15	0	0			1	0	
Sioux Falls	(1)	0	1	0			0	0	
Nebraska:									
Omaha	222,800	8	13	17		0	5	0	10
Kansas:									
Topeka	62,800	12	3	0		0	0	[2]	0
Wichita	99,300	11	4	5		0	0	0	3
SOUTH ATLANTIC									
Delaware:									
Wilmington	128,500	10	3	1		0	0	0	0
Maryland:									
Baltimore	830,400	60	34	20	3	2	8	2	15
Cumberland	(1)	0	1	0		0	0	0	[2] 1
Frederick	(1)	0	0	0		0	0	0	0
District of Columbia:									
Washington	552,000	18	24	10	1	0	2	0	7
Virginia:									
Lynchburg	38,600	11	4	1		0	0	0	4
Norfolk	184,200	6	4	3		0	0	5	4
Richmond	194,400	0	20	16		0	0	5	2
Roanoke	64,600	0	7	3		0	0	0	2
West Virginia:									
Charleston	55,200	9	2	4	1	0	0	1	0
Wheeling	(1)	11	3	0		0	0	0	3
North Carolina:									
Raleigh	(1)	0	3	3		0	1	0	2
Wilmington	39,100	0	1	1		0	0	0	1
Winston-Salem	80,000	1	5	3		0	2	1	2
South Carolina:									
Charleston	75,900	1	1	0	12	0	0	2	1
Columbia	50,600	2	1	0		0	0	0	1
Georgia:									
Atlanta	255,100	2	7	4	15	0	0	3	5
Brunswick	(1)	1	0	0		0	0	0	2
Savannah	90,900	1	3	3		0	0	0	2
Florida:									
Miami	156,700	0	2	0		0	0	0	5
St. Petersburg	53,300		1			0			1
Tampa	113,400	3	3	3		0	0	5	0

[1] No estimate of population made.

[2] Nonresident.

City reports for week ended November 23, 1929—Continued

Division, State, and city	Population, July 1, 1928, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
EAST SOUTH CENTRAL									
Kentucky:									
Covington	59,000	1	2	1	-------	1	0	1	3
Tennessee:									
Memphis	190,200	0	10	13	-------	1	0	0	10
Nashville	139,600	1	5	3	-------	1	0	0	15
Alabama:									
Birmingham	222,400	1	8	14	7	1	2	1	3
Mobile	69,600	1	2	2	-------	0	0	0	3
Montgomery	63,100	3	2	2	-------	-------	0	1	-------
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	(1)	2	2	2	-------	-------	0	0	-------
Little Rock	79,200	2	2	2	-------	0	2	3	1
Louisiana:									
New Orleans	429,400	0	13	17	3	3	3	0	9
Shreveport	81,300	5	2	0	-------	0	0	0	1
Texas:									
Dallas	217,800	4	16	56	-------	0	1	0	4
Fort Worth	170,600	24	7	8	-------	1	-------	0	3
Galveston	50,600	0	1	1	-------	0	0	0	4
Houston	(1)	0	9	29	-------	0	1	0	4
San Antonio	218,100	2	5	10	-------	1	0	0	10
MOUNTAIN									
Montana:									
Billings	(1)	0	0	0	-------	0	0	15	0
Great Falls	(1)	7	0	0	-------	0	1	30	0
Helena	(1)	1	0	1	-------	0	0	2	0
Missoula	(1)	4	0	0	-------	0	0	2	0
Idaho:									
Boise	(1)	5	0	0	-------	0	0	0	0
Colorado:									
Denver	294,200	62	17	8	-------	1	2	5	9
Pueblo	44,200	3	3	0	-------	0	1	0	1
New Mexico:									
Albuquerque	(1)	5	1	1	-------	0	0	2	1
Utah:									
Salt Lake City	138,000	22	5	1	-------	0	8	14	2
Nevada:									
Reno	(1)	-------	0	-------	-------	-------	-------	-------	-------
PACIFIC									
Washington:									
Seattle	383,200	52	6	0	-------	-------	0	19	-------
Spokane	109,100	21	3	0	-------	-------	0	3	-------
Tacoma	110,500	22	3	1	-------	0	1	0	0
Oregon:									
Portland	(1)	27	11	3	1	1	2	9	4
Salem	(1)	9	0	0	-------	0	0	5	0
California:									
Los Angeles	(1)	20	52	14	22	0	3	19	9
Sacramento	75,700	7	3	1	1	1	0	25	8
San Francisco	585,300	62	19	9	2	1	112	37	1

[1] No estimate of population made.

City reports for week ended November 23, 1929—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
NEW ENGLAND											
Maine:											
Portland	2	4	0	0	0	1	0	1	0	0	18
New Hampshire:											
Concord	1	3	0	0	0	0	0	0	0	0	7
Manchester	2	0	0	0	0	1	0	0	0	0	29
Nashua	0	0	0	0	0	0	0	0	1	0	9
Vermont:											
Barre	0	0	0	0	0	0	0	0	0	0	1
Massachusetts:											
Boston	47	68	0	0	0	9	2	1	0	47	193
Fall River	3	2	0	0	0	0	0	0	0	8	26
Springfield	7	2	0	0	0	1	0	1	0	12	39
Worcester	11	2	0	0	0	0	0	0	0	7	37
Rhode Island:											
Pawtucket	1	0	0	0	0	0	0	0	0	5	20
Providence	8	19	0	0	0	1	0	0	0	8	53
Connecticut:											
Bridgeport	8	2	0	0	0	1	0	0	0	0	33
Hartford	5	7	0	0	0	3	0	2	0	1	47
New Haven	5	2	0	0	0	1	0	0	0	5	42
MIDDLE ATLANTIC											
New York:											
Buffalo	19	28	1	0	0	7	1	3	1	11	107
New York	124	92	0	0	0	87	18	11	2	35	1,338
Rochester	6	3	0	0	0	1	1	2	1	0	63
Syracuse	9	5	0	0	0	0	0	0	0	13	31
New Jersey:											
Camden	5	3	0	0	0	1	0	0	0	0	16
Newark	16	8	0	0	0	4	1	1	0	30	86
Trenton	2	15	0	0	0	4	0	0	0	1	35
Pennsylvania:											
Philadelphia	71	71	0	0	0	21	4	3	0	29	462
Pittsburgh	39	36	0	0	0	2	0	1	0	17	186
Reading	2	3	0	0	0	1	0	0	0	2	27
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	15	33	0	1	0	5	1	0	0	1	135
Cleveland	29	41	0	6	0	10	2	3	0	53	192
Columbus	11	11	0	3	0	6	0	0	0	4	70
Toledo	12	10	0	0	0	7	1	1	0	7	74
Indiana:											
Fort Wayne	2	0	0	22	0	0	0	0	1	0	25
Indianapolis	15	15	3	1	0	5	0	0	0	7	122
South Bend	4	4	0	2	0	0	0	0	0	0	9
Terre Haute	4	5	0	0	0	0	0	0	0	0	13
Illinois:											
Chicago	102	265	1	1	0	43	4	4	0	87	734
Springfield	3	1	0	0	0	0	0	0	0	7	17
Michigan:											
Detroit	77	111	1	2	0	12	1	5	1	56	298
Flint	12	13	0	13	0	2	0	0	0	13	29
Grand Rapids	9	5	0	0	0	0	0	1	0	10	23
Wisconsin:											
Kenosha	2	4	0	0	0	0	0	0	0	2	6
Madison	1	3	0	0	0	0	0	0	0	7	----
Milwaukee	19	21	0	1	0	6	0	1	0	21	101
Racine	4	6	0	0	0	1	0	0	0	7	8
Superior	2	9	0	0	0	0	0	0	0	0	13
WEST NORTH CENTRAL											
Minnesota:											
Duluth	9	11	0	0	0	3	0	1	0	5	22
Minneapolis	45	11	0	0	0	1	0	4	0	6	89
St. Paul	21	14	2	1	0	3	1	0	0	10	57
Iowa:											
Davenport	1	3	0	0	----	----	0	0	----	0	----
Des Moines	10	9	1	3	----	----	0	0	----	0	27
Sioux City	3	1	0	0	----	----	0	0	----	2	----
Waterloo	2	1	0	15	----	----	0	0	----	0	----

City reports for week ended November 23, 1929—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST NORTH CENTRAL—contd.											
Missouri:											
Kansas City	14	40	0	1	0	6	1	0	0	3	103
St. Joseph	3	1	0	3	0	0	0	0	0	0	28
St. Louis	35	19	1	4	0	10	3	1	1	6	227
North Dakota:											
Fargo	3	1	0	1	0	0	0	0	0	0	4
Grand Forks	0	0	1	2			0	0		0	
South Dakota:											
Aberdeen	1	0	0	0			0	0		0	
Sioux Falls	2	0	0	22			0	0		0	8
Nebraska:											
Omaha	5	1	1	1	0	3	0	0	0	3	63
Kansas:											
Topeka	3	6	0	0	0	0	0	0	0	9	12
Wichita	6	10	0	0	0	0	0	0	0	2	27
SOUTH ATLANTIC											
Delaware:											
Wilmington	5	0	0	0	0	1	0	0	0	1	19
Maryland:											
Baltimore	19	24	0	0	0	12	3	4	2	23	204
Cumberland	1	1	0	0	0	0	0	0	0	0	11
Frederick	0	1	0	0	0	0	0	0	0	0	2
District of Col.:											
Washington	19	13	0	0	0	4	2	2	1	4	120
Virginia:											
Lynchburg	1	0	0	0	0	1	0	0	0	15	12
Norfolk	3	3	0	0	0	3	0	0	0	4	
Richmond	7	5	0	0	0	2	1	0	0	0	41
Roanoke	3	5	0	0	0	0	0	1	0	0	16
West Virginia:											
Charleston	2	5	0	1	0	1	0	3	0	5	15
Wheeling	2	6	0	0	0	0	0	0	0	0	19
North Carolina:											
Raleigh	1	0	0	0	0	1	0	0	0	0	18
Wilmington	1	0	0	0	0	0	0	0	0	0	10
Winston-Salem	2	2	0	0	0	3	0	0	0	2	19
South Carolina:											
Charleston	1	1	0	0	0	0	0	0	0	1	19
Columbia	0	2	0	0	0	1	0	0	1	5	18
Georgia:											
Atlanta	6	16	0	0	0	7	1	0	0	1	80
Brunswick	0	0	0	0	0	0	0	0	0	0	3
Savannah	1	2	0	0	0	5	0	0	0	0	34
Florida:											
Miami	2	0	0	0	0	1	0	0	0	1	25
St. Petersburg	0		0		0	0	0		0		13
Tampa	1	4	0	0	0	1	0	0	0	0	23
EAST SOUTH CENTRAL											
Kentucky:											
Covington	3	1	0	0	0	1	0	0	0	0	22
Tennessee:											
Memphis	6	7	1	0	0	5	2	3	0	6	55
Nashville	3	3	0	0	0	1	1	2	0	0	50
Alabama:											
Birmingham	4	10	0	0	0	3	1	0	1	0	59
Mobile	0	0	0	0	0	2	0	0	0	0	26
Montgomery	1	2	0	0			0	0		0	
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	1	9	0	0			0	0		0	
Little Rock	1	6	1	1	0	0	0	1	0	0	
Louisiana:											
New Orleans	8	8	0	0	0	12	2	7	1	0	138
Shreveport	1	3	0	0	0	1	1	0	0	0	28

City reports for week ended November 23, 1929—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST SOUTH CENTRAL—contd.											
Texas:											
Dallas	7	7	0	3	0	1	1	1	1	0	61
Fort Worth	2	8	0	0	0	2	0	0	0	0	34
Galveston	1	0	0	0	0	0	0	0	0	0	18
Houston	1	7	0	5	0	3	0	0	0	0	55
San Antonio	1	1	0	1	0	13	0	0	0	0	85
MOUNTAIN											
Montana:											
Billings	1	2	0	0	0	0	0	0	0	0	4
Great Falls	1	5	1	0	0	0	0	0	0	0	10
Helena	0	0	0	0	0	0	0	0	0	0	6
Missoula	0	2	0	8	0	0	0	3	0	0	5
Idaho:											
Boise	1	0	0	0	0	0	0	0	0	0	2
Colorado:											
Denver	10	11	0	0	0	7	0	1	0	2	88
Pueblo	1	1	0	0	0	0	0	0	0	0	8
New Mexico:											
Albuquerque	1	0	0	0	0	1	0	0	0	0	9
Utah:											
Salt Lake City	3	9	1	0	0	1	1	0	0	16	37
Nevada:											
Reno	0	----	0	----	----	----	0	----	----	----	----
PACIFIC											
Washington:											
Seattle	8	15	2	2	----	----	1	0	----	9	----
Spokane	10	2	3	16	----	----	0	0	----	7	----
Tacoma	2	4	1	23	0	0	0	0	0	0	15
Oregon:											
Portland	8	7	5	1	0	3	0	0	0	5	65
Salem	0	0	0	0	0	0	0	0	0	0	----
California:											
Los Angeles	24	44	2	0	0	16	1	1	0	19	249
Sacramento	2	8	1	3	0	1	1	0	0	0	----
San Francisco	13	35	1	2	0	11	1	1	0	4	156

Division, State, and city	Meningococcus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Massachusetts:									
Boston	2	1	0	0	0	1	1	2	1
Rhode Island:									
Providence	0	0	0	1	0	0	0	0	0
MIDDLE ATLANTIC									
New York:									
Buffalo	0	0	0	0	0	0	0	0	1
New York	15	4	0	3	0	2	5	0	0
Syracuse	3	0	0	0	0	0	1	0	0
New Jersey:									
Camden	0	0	0	0	0	0	0	1	0
Newark	1	1	0	0	0	0	0	0	0
Pennsylvania:									
Philadelphia	3	1	0	0	0	0	0	1	1
Pittsburgh	2	2	0	1	0	0	0	0	0
Reading	0	0	0	0	0	0	0	1	1

City reports for week ended November 23, 1929—Continued

Division, State, and city	Meningococcus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	0	0	0	0	0	0	0	1	0
Cleveland	4	3	0	0	0	0	0	0	0
Columbus	1	1	0	0	0	0	0	0	0
Toledo	2	0	0	0	0	0	0	0	0
Indiana:									
Indianapolis	1	1	0	0	0	0	0	0	0
Illinois:									
Chicago	6	2	0	1	1	1	1	0	0
Michigan:									
Detroit	5	3	0	0	0	0	1	1	0
Flint	3	1	0	0	0	0	0	0	0
Wisconsin:									
Milwaukee	2	1	0	0	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Minneapolis	0	1	0	0	0	0	0	0	0
St. Paul	0	0	0	1	0	0	0	0	0
Iowa:									
Des Moines	0	0	0	0	0	0	0	1	0
Missouri:									
Kansas City	2	2	0	0	0	0	0	0	0
St. Louis	2	1	0	0	0	0	0	0	0
SOUTH ATLANTIC									
Maryland:									
Baltimore	0	0	0	1	0	0	0	0	0
District of Columbia:									
Washington	2	0	0	0	0	0	0	0	0
Virginia:									
Lynchburg	0	0	0	0	0	1	0	0	0
Richmond	0	0	0	0	0	0	0	1	0
Roanoke	0	0	0	0	0	0	0	1	0
North Carolina:									
Raleigh	0	0	0	0	0	1	0	0	0
Wilmington	0	0	0	0	1	0	0	0	0
Winston-Salem	0	0	0	0	3	1	0	0	0
Georgia: [1]									
Atlanta	0	0	0	0	0	1	0	0	0
Florida:									
Tampa	0	0	0	0	1	1	0	0	0
EAST SOUTH CENTRAL [1]									
Kentucky:									
Covington	0	2	0	0	0	0	0	0	0
Tennessee:									
Memphis	6	1	0	0	0	0	0	0	0
WEST SOUTH CENTRAL									
Louisiana:									
New Orleans	1	1	0	0	0	0	0	0	0
Texas:									
Dallas	0	1	0	0	0	0	0	0	0
Houston	0	0	0	0	0	1	0	0	0
MOUNTAIN									
Colorado:									
Denver	1	0	0	0	0	0	0	1	0
Utah:									
Salt Lake City	2	1	0	0	0	0	0	0	0
PACIFIC									
Oregon:									
Portland	1	0	0	0	0	0	0	0	0
California:									
Los Angeles	2	1	0	0	0	0	0	0	1
San Francisco	2	0	0	0	0	0	1	0	0

[1] Typhus fever: 2 cases; 1 case at Savannah, Ga., and 1 case at Mobile, Ala.

The following table gives the rates per 100,000 population for 98 cities for the 5-week period ended November 23, 1929, compared with those for a like period ended November 24, 1928. The population figures used in computing the rates are approximate estimates, authoritative figures for many of the cities not being available. The 98 cities reporting cases have an estimated aggregate population of more than 31,000,000. The 91 cities reporting deaths have nearly 30,000,000 estimated population. The number of cities included in each group and the estimated aggregate populations are shown in a separate table below.

Summary of weekly reports from cities, October 20 to November 23, 1929—Annual rates per 100,000 population, compared with rates for the corresponding period of 1928 [1]

DIPHTHERIA CASE RATES

	Week ended—									
	Oct. 26, 1929	Oct. 27, 1928	Nov. 2, 1929	Nov. 3, 1928	Nov. 9, 1929	Nov. 10, 1928	Nov. 16, 1929	Nov. 17, 1928	Nov. 23, 1929	Nov. 24, 1928
98 cities	134	131	144	140	157	155	160	161	[2] 186	165
New England	111	156	115	90	120	122	170	159	118	140
Middle Atlantic	86	99	99	110	104	109	112	135	123	137
East North Central	163	154	168	169	194	169	205	165	301	182
West North Central	137	158	160	145	200	211	165	198	169	186
South Atlantic	139	186	144	231	126	260	122	222	135	230
East South Central	183	168	204	196	217	238	231	126	238	147
West South Central	411	174	451	223	498	276	443	243	462	272
Mountain	26	27	17	71	61	71	44	239	[2] 89	124
Pacific	125	67	115	64	100	79	87	97	62	105

MEASLES CASE RATES

98 cities	30	53	38	59	44	74	56	95	[2] 72	110
New England	29	244	27	338	20	402	45	382	57	582
Middle Atlantic	21	25	33	33	20	43	26	69	34	59
East North Central	47	41	40	39	68	57	91	86	94	105
West North Central	21	49	52	68	94	43	50	63	81	102
South Atlantic	9	69	15	46	9	59	7	90	24	65
East South Central	20	0	0	7	7	0	14	0	14	7
West South Central	16	8	0	8	4	8	20	12	28	4
Mountain	26	124	244	80	61	177	253	204	[2] 107	239
Pacific	65	43	60	15	117	43	147	51	289	15

SCARLET FEVER CASE RATES

98 cities	138	115	156	125	192	165	206	168	[2] 219	176
New England	163	117	179	131	278	175	267	193	251	212
Middle Atlantic	75	57	89	69	102	95	135	108	127	109
East North Central	192	151	226	172	294	233	310	245	347	227
West North Central	173	215	160	198	186	254	138	225	223	284
South Atlantic	174	113	139	117	167	153	238	109	163	147
East South Central	109	126	204	147	177	161	156	224	156	274
West South Central	154	77	154	138	158	178	158	199	162	146
Mountain	235	62	226	62	357	89	226	97	[2] 267	106
Pacific	107	179	187	148	182	169	185	143	269	194

SMALLPOX CASE RATES

98 cities	10	2	13	1	9	4	14	4	[2] 24	7
New England	0	2	0	0	2	0	25	0	0	0
Middle Atlantic	0	0	0	0	0	0	0	0	0	0
East North Central	12	3	20	0	15	7	22	4	33	21
West North Central	31	2	42	2	29	6	42	2	50	2
South Atlantic	0	0	0	2	0	0	0	2	2	0
East South Central	0	0	14	7	0	0	0	7	0	14
West South Central	0	4	28	4	8	4	4	0	40	8
Mountain	52	0	61	0	17	9	9	89	[2] 71	0
Pacific	52	15	30	5	20	15	32	3	115	18

[1] The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1929 and 1928, respectively.

[2] Reno, Nev., not included.

Summary of weekly reports from cities, October 20 to November 23, 1929—Annual rates per 100,000 population, compared with rates for the corresponding period of 1928—Continued

TYPHOID FEVER CASE RATES

	Week ended—									
	Oct. 26, 1929	Oct. 27, 1928	Nov. 2, 1929	Nov. 3, 1928	Nov. 9, 1929	Nov. 10, 1928	Nov. 16, 1929	Nov. 17, 1928	Nov. 23, 1929	Nov. 24, 1928
98 cities	15	19	11	13	9	10	8	10	[1] 13	10
New England	16	16	7	7	11	9	23	16	11	7
Middle Atlantic	8	18	8	11	8	7	3	10	10	9
East North Central	7	10	6	5	6	5	6	6	9	5
West North Central	6	14	17	18	12	4	4	14	12	16
South Atlantic	21	44	13	34	13	17	9	11	19	11
East South Central	48	63	34	42	20	42	14	14	34	35
West South Central	43	24	20	20	12	41	8	20	36	12
Mountain	200	27	78	18	17	27	44	18	[2] 36	9
Pacific	5	13	2	5	7	3	10	5	5	13

INFLUENZA DEATH RATES

91 cities	9	11	11	10	8	13	9	15	[2] 8	17
New England	0	5	2	2	5	5	9	9	5	9
Middle Atlantic	12	8	9	5	8	12	4	9	9	15
East North Central	10	5	9	10	8	9	9	10	6	3
West North Central	3	12	6	12	3	3	3	9	6	9
South Atlantic	4	10	19	11	4	8	11	13	4	13
East South Central	22	8	30	31	37	38	22	23	30	31
West South Central	20	12	28	25	12	37	32	33	16	33
Mountain	17	44	26	18	0	27	26	53	[3] 9	44
Pacific	3	54	3	27	16	40	10	64	7	94

PNEUMONIA DEATH RATES

91 cities	108	89	106	88	105	94	99	105	[2] 103	126
New England	63	74	75	90	120	80	88	57	88	106
Middle Atlantic	144	92	113	83	115	105	103	125	108	128
East North Central	91	78	101	78	78	77	71	82	96	106
West North Central	72	61	135	107	108	98	120	110	102	104
South Atlantic	112	117	116	96	137	75	107	132	94	165
East South Central	133	130	155	115	89	160	230	161	252	169
West South Central	89	83	110	121	130	92	126	71	134	129
Mountain	122	124	131	97	131	97	157	115	[3] 107	159
Pacific	46	98	33	87	75	125	89	98	59	169

[2] Reno, Nev., not included.

Number of cities included in summary of weekly reports and aggregate population of cities of each group, approximated as of July 1, 1929 and 1928, respectively

Groups of cities	Number of cities reporting cases	Number of cities reporting deaths	Aggregate population of cities reporting cases		Aggregate population of cities reporting deaths	
			1929	1928	1929	1928
Total	98	91	31, 568, 400	31, 052, 700	29, 995, 100	29, 498, 600
New England	12	12	2, 305, 100	2, 273, 900	2, 305, 100	2, 273, 900
Middle Atlantic	10	10	10, 809, 700	10, 702, 200	10, 809, 700	10, 702, 200
East North Central	16	16	8, 181, 900	8, 001, 300	8, 181, 900	8, 001, 300
West North Central	12	9	2, 712, 100	2, 673, 300	1, 736, 900	1, 708, 100
South Atlantic	19	19	2, 783, 200	2, 732, 900	2, 783, 200	2, 732, 900
East South Central	6	5	767, 900	745, 500	704, 200	682, 400
West South Central	8	7	1, 319, 100	1, 289, 900	1, 285, 000	1, 256, 400
Mountain	9	9	598, 800	590, 200	598, 800	590, 200
Pacific	6	4	2, 090, 600	2, 043, 500	1, 590, 300	1, 551, 200

FOREIGN AND INSULAR

CANADA

Provinces—Communicable diseases—Week ended November 16, 1929.—The Department of Pensions and National Health of Canada reports cases of certain communicable diseases for the week ended November 16, 1929, as follows:

Provinces	Cerebro-spinal fever	Dysentery	Influenza	Poliomyelitis	Smallpox	Typhoid fever
Prince Edward Island						
Nova Scotia			4			
New Brunswick	1					1
Quebec						8
Ontario	3		2	6	6	1
Manitoba				1		
Saskatchewan				1	1	
Alberta	1			1	5	3
British Columbia		8		1	6	2
Total	5	8	6	10	18	15

Quebec Province—Communicable diseases—Week ended November 23, 1929.—The Bureau of Health of the Province of Quebec, Canada, reports cases of certain communicable diseases for the week ended November 23, 1929, as follows:

Disease	Cases	Disease	Cases
Chicken pox	133	Scarlet fever	123
Diphtheria	95	Smallpox	6
German measles	2	Tuberculosis	58
Measles	214	Typhoid fever	6
Mumps	103	Whooping cough	98

GREAT BRITAIN

Scotland—Vital statistics—Quarter ended September 30, 1929.—The Registrar General of Scotland has published the following statistics for the third quarter of the year 1929:

Population, estimated	4,896,600
Births	23,047
Birth rate per 1,000 population	18.7
Deaths	13,283
Death rate per 1,000 population	10.8
Marriages	9,690
Deaths under 1 year	1,437
Deaths under 1 year per 1,000 births	62
Deaths from—	
Bronchitis	423
Broncho-pneumonia	304
Cancer	1,807
Cerebrospinal meningitis	42
Diabetes	138
Diarrhea	81
Diarrhea and enteritis under 2 years	227
Diphtheria	78
Dysentery	5
Erysipelas	31
Deaths from—Continued.	
Heart disease	1,776
Influenza	59
Lethargic encephalitis	29
Measles	28
Nephritis (acute)	57
Nephritis (chronic)	395
Paratyphoid fever	3
Pneumonia	469
Poliomyelitis	5
Puerperal sepsis	41
Scarlet fever	10
Syphilis	29
Tetanus	6
Tuberculosis (pulmonary)	665
Tuberculosis (all other forms)	292
Typhoid fever	3
Whooping cough	102

GREECE

Plague.—According to information received from the International Office of Public Hygiene, six cases of bubonic plague were reported, November 17, 1929, in a bakery at Pyrgos, Elide Province, Peloponnesus, Greece. Necessary sanitary measures have been taken.

ITALY

Communicable diseases—Four weeks ended September 29, 1929.—During the four weeks ended September 29, 1929, communicable diseases were reported in the Kingdom of Italy as follows:

Disease	Sept. 2-8		Sept. 9-15		Sept. 16-22		Sept. 23-29	
	Cases	Communes affected	Cases	Communes affected	Cases	Communes affected	Cases	Communes affected
Anthrax	54	42	73	60	47	36	29	25
Cerebrospinal meningitis	6	6	19	13	10	9	3	3
Chicken pox	41	29	67	39	69	47	45	26
Diphtheria	384	201	498	264	471	235	340	212
Dysentery	43	22	50	28	21	16	18	12
Lethargic encephalitis	4	4	5	5	1	1	3	3
Measles	385	137	583	160	403	157	397	103
Poliomyelitis	50	34	47	34	45	34	46	32
Scarlet fever	299	124	496	181	419	178	302	116
Typhoid fever	1,273	531	1,827	745	1,425	611	929	430

JAMAICA

Communicable diseases—Four weeks ended November 9, 1929.—During the four weeks ended November 9, 1929, cases of certain communicable diseases were reported in Kingston, Jamaica, and in the island of Jamaica outside of Kingston, as follows:

Disease	Kingston	Other localities	Disease	Kingston	Other localities
Cerebrospinal meningitis		1	Leprosy	1	2
Chicken pox		3	Paratyphoid fever		1
Diphtheria		1	Tuberculosis	25	60
Dysentery	4	28	Typhoid fever	18	107

ST. CHRISTOPHER (BRITISH WEST INDIES)

Filariasis.—According to recent telegraphic reports, an epidemic which has been prevalent on the island of St. Christopher, British West Indies, for the last four months had caused 40 deaths out of a total of 375 cases to November 23, 1929. Bacteriological investigation indicates that the disease is filariasis complicated with streptococcal and staphylococcal infection.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

From medical officers of the Public Health Service, American consuls, International Office of Public Hygiene, Pan American Sanitary Bureau, health section of the League of Nations, and other sources. The reports contained in the following table must not be considered as complete or final as regards either the list of countries included or the figures for the particular countries for which reports are given.

CHOLERA

[C indicates cases; D, deaths; P, present]

Place		Week ended—													
		May 5–June 1, 1929	June 2–29, 1929	June 30–July 27, 1929	July 28–Aug. 24, 1929	Aug. 25–Sept. 21, 1929	Sept. 28, 1929	October, 1929				November, 1929			
								5	12	19	26	2	9	16	23
Ceylon	C	3													
	D	3													
Colombo	C	3	1												
	D	3	1												
China:															
Amoy	C		4	7	1										
Canton	C	2	10	6	5	1									
	D	1	5	5	3	1									
Manchuria—															
Kwangtung—Dairen	C				1										
Newchwang	C					1									
Shanghai	C			2	1,306	984	3	30		2					
	D			3	98	69	9	2							
Swatow	C		P												
	D		4	7	12	37	8	6	8		6	3			
Tientsin	C						P								
Chosen: Chemulpo	C					P									
India	C	30,616	29,449	32,081	41,090	26,896	5,251	3,372							
	D	20,311	19,910	19,343	24,005	16,667	3,092	2,144							
Bassein	D	38	2		6										
Bombay	C		2		2		1								
	D	2	2		1										
Calcutta	C	924	354	275	170	135	21	30	28	81	71	52	74		
	D	605	176	157	106	59	12	12	15	31	41	11	48		
Karachi	D				10	11									
Madras	C	1		1							1	1			
	D			2							1	1			
Moulmein	D	31	5	1											
Negapatam	D		1	1									1	1	
Rangoon	C	13	8	1	1					1			1		
	D	7	8	1	1					1					
Tuticorin	C		34	6				2	6	10	2	2	1		
	D		30	2				1	5	5	1	1	1		
Vizagapatam	D			1											

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

CHOLERA—Continued

[C indicates cases; D, deaths; P, present]

Place		May 5–June 1, 1929	June 2–29, 1929	June 30–July 27, 1929	July 28–Aug. 24, 1929	Aug. 25–Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929 5	12	19	26	November, 1929 2	9	16	23
India (French):															
Chandernagor	C	3	3	2	1				1		3				
	D	3	3	2							1				
Karikal	C				1										
Pondicherry Province	C	3	3							3					
	D	3	3							3					
India (Portuguese)	C				1	2									
	D				1	1									
Indo-China (see also table below):															
Pnompenh	C	14	11	7	3	3	5	5	16	35	28	8	7		
	D	10	4	5	3	2	3	5	11	27	20	4	4		
Saigon and Cholon	C	71	188	9	2										
	D	37	139	14	2										
Japan	C							29	5						
Kobe	C				2	9	3								
Osaka	C				5	41	14								
Shimonoseki	C				P	2									
Siam	C	619	469	371	180	26	6	1							
	D	436	285	202	112	19	4								
Anthoang	C			4	10										
	D			4	3										
Ayudhaya	C	2	25	18	2				1	1					
	D		11	11											
Bangkok	C	131	30	7	9	10	2	1		1					2
	D	77	3	1	3	5	2								
Chaxœngsao	C	1													
	D	1													
Dhannapuri	C						1	1							
	D						1	1							
Lobpuri	C				2	3									
	D				2	3									
Nagara Pathom	C	13													
	D	10													
Nagara Rajsima	C			57	5				1	1					
	D			29	5				1	1					

Smud Songram	C			3												
	D			3												
Sridharmaraj Province [1]	C				15											
	D				13											
On vessel:																
S. S. Angby, at Saigon-Cholon	C		1													
	D		1													
S. S. Cap. St. Jacques, at Singapore, from Saigon-Cholon	C			P												
S. S. Erinpura, at Madras	C	2														
S. S. Media, at Colombo, from Calcutta	C	1														
S. S. Saka Maru, at Calcutta	C	6														
S. S. Shinsei, at Shanghai	D					3										
S. S. Tokushima, at Hong Kong	C		2													
	D		2													
S. S. Texas Maru, at Nagasaki, from Shanghai	C				1											

Place		April, 1929	May, 1929	June, 1929	July, 1929	August, 1929			September, 1929			October, 1929		
						1-10	11-20	21-31	1-10	11-20	21-30	1-10	11-20	21-31
Indo-China (French) (see also table above);														
Annam	C	20	[2] 20		9		3	14	1					
Cambodia	C	84	[2] 215		186		21	14	4		34		121	100
Cochin-China	C	88	[2] 123		315		45	15	45					3
Laos	C				13	3								
Tonkin	C		5	4										

[1] There were 98 cases of cholera with 16 deaths in Nagara Sridharmaraj Province, Siam, from May 1 to July 7, 1929.
[2] Reports incomplete.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

PLAGUE

[C indicates cases; D, deaths; P, present]

Place		May 5–June 1, 1929	June 2–29, 1929	June 30–July 27, 1929	July 28–Aug. 24, 1929	Aug. 25–Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929				November, 1929				
								5	12	19	26	2	9	16	23	30
Algeria:																
Algiers	C					2										
Philippeville	C			3	3											
Azores: St. Michaels Island	C			1												
Belgian Congo:																
Blukwa	C		3													
	D		3													
Buki	C			2												
	D			2												
Djugu	C	2	3	5	1	2										
	D	3	3	5	1	2										
Rekwa	C			2												
	D			2												
British East Africa (see also table below): Uganda	C	450	1,437	1,437	840	528	116	109								
	D	409	1,072	1,199	730	556	105	102								
Canary Islands:																
Tenerife	D			1												
Laguna	C	1														
Ceylon:																
Colombo	C	7	2	P		1			1	2					1	
	D	6	3			1				1					1	
Plague-infected rats				6	1	7										
Galle	C			3		8			1							
	D			3		6										
Kandy	C				1	1										
	D				1	1										
Matara	C			12												
	D			11												
China:																
Amoy	C				P											
Foochow	C			P	P	P		P								
Hong Kong	C				1	1										
	D				1	1										
Plague-infected rats					3	2										
Manchuria—Tunglino District	C			P	16											

Dutch East Indies: Java—																
Batavia and West Java	C	58	47	69	122	180	43	39	49		1		1			
	D	56	47	68	121	178	43	36	49							
East Java and Madura	C			3	3	7	1	3	2							
	D			3	3	7	1	3	2							
Surabaya	C		3	11	3	7				P						
	D		3	11		7										
Ecuador (see table below).																
Egypt:																
Alexandria	C	1	1	7	5	11	3	1	3	6	4	4	2	1	1	
	D		1	3	1	5	1		1	1	3		1		1	
Assuan	C			4		1										
	D			4												
Behetra	C			2												
	D			2												
Beni Suef	C		6	4	1	1							1	1		
	D		2													
Dakahlieh	C	9	1	1		2										
	D	1			1	2										
Gharbieh	C			9	1				4	1	4		1	1		
	D			1	1				4							
Girga	C			3												
Kena	C			2												
	D			2												
Menufieh Province	C			3												
Miniah	C			7	1											
Port Said	C	3	2	3	6	2		1	1							
	D	2	1	2	6	3			1							
Suez	C			1												
France: Paris	C						1									
Greece (see also table below):																
Messenia	C												2			
Patras	C					3		1	1	1			1			
Piraeus	C					3										
Pygros	C													6	2	
Hawaii: Hamakua—Kukuihaele—Plague-infected rats		6	1				3									
India	C	1,394	677	1,812	4,721	6,326	2,135	1,983								
	D	1,205	414	1,059	2,266	3,354	1,081	1,104								
Bassein	C			9	13	4										
	D	2	4	1	14	4										
Bombay	C	1			1	2		1								
	D	1	4		1	2		1								
Plague-infected rats		44	35	23	10	28	7	8	7	10	6	3	10			
Madras Presidency	C	64	85	97	215	186	51	46	42			27				
	D	40	38	52	112	107	22	22	20			14				
Rangoon	C	2		24	15	11	1	1	2	1						
	D	3	9	18	12	9	2	1	2	1			1			
Plague-infected rats		5	6	9	10	15	3		2	1	3		1			
Indo-China (see also table below):																
Pnompenh	C	5	4	7	8	4	1				1			1		
	D	3	3	8	8	4	1				1			1		
Saigon and Cholon	C		1	6	4	1		1	1							
	D			1	4			1	1							

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

PLAGUE—Continued

[C indicates cases; D, deaths; P, present]

Place		May 5–June 1, 1929	June 2–29, 1929	June 30–July 27, 1929	July 28–Aug. 24, 1929	Aug. 25–Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929 5	12	19	26	November, 1929 2	9	16	23	30
Iraq:																
Baghdad	C	14	12	1	2				1	2	1	1	1	1	1	
	D	5	2							1	1			1		
Plague-infected rats		1														
Diyalah Liwa	C	12	1	1												
	D	7														
Naudham	C		1	1												
Italy: Naples Province	C						2									
	D						1									
Plague-infected rats							3									
Japan: Osaka—Plague-infected rats		2														
Madagascar (see also table below):																
Tamatave	C	P	2	5	1	2	2	2		1	1	2				
	D		2			13	2	1		1	1	2				
Morocco	C	42	16	39	4	1					P	1	2			
	D	4	5	17												
Nigeria: Lagos	C	5	2	1	9	17	7	5	14	11	14	15	13			
	D	4	1	1	8	17	7	5	13	10	13	11	12			
Plague-infected rats		8	4	13	16	51	21	34	22	12						
Peru (see table below).																
Senegal (see table below).																
Siam	C	9	1	4	3	7			2	1						
	D	5	1	3	3	5			2	1						
Bangkok	C	2		1	3	1										
	D	1		1	3	1										
Nagara Pathom	C	3														
	D	2														
Straits Settlements: Singapore	C					1										
	D	1				1										
Syria: Beirut	C														1	
Tunisia:																
Sfax district	C								12	1	5	3	10	26		
Tunis	C			P		10			25			5	8			
	D					1										
Plague-infected rats						4										

Turkey:																		
Adalia	C			P	2	1												
Constantinople	C																	
Union of Socialist Soviet Republics:																		
Caucasia	C			1	7	2												
	D			1	3	1						1						
Ural—Kirghiz	C			4														
	D			4														
Union of South Africa:																		
Cape Province	C				3			4			13							
	D				2		1	4			9							
Orange Free State	C					1												
On vessel:																		
S. S. Chaban, at Port Said, from Jaffa	C					1												
	D					1												
S. S. Tokio, at Shanghai, from Singapore	C				1													
	D				1													
S. S. Ganzan Maru, at Osaka, from Haipong	C	1								1								
Steamship at Porto Novo, from Lagos	C																	
S. S. Seigo Maru, at Osaka, from Bombay—Plague-infected rats		1																
S. S. Sumatra, at Osaka, from Bombay	C	1																

Place		May, 1929	June, 1929	July, 1929	August, 1929	September, 1929	October, 1929
British East Africa (see also table above):							
Kenya	C	22	69	67	19	28	64
Uganda	C		1,215	1,203			
	D		932	973			
Ecuador: Guayaquil	C	2		1	6	7	12
	D	1			1	3	4
Plague-infected rats		3	1		4	8	
Greece (see also table above)	C			3	2	5	5
	D			1	1	2	2
Indo-China (see also table above)	C			37	9		
Madagascar (see also table above)	C			19	48		
	D			18	46		
Ambrositra Province	C				9		
	D				9		
Antisirabe Province	C			2	1		
	D			2	1		
Majunga Province	C				2		
	D				2		
Moramanga Province	C			1	2		
	D			1	2		

Place		May, 1929	June, 1929	July, 1929	August, 1929	September, 1929	October, 1929
Madagascar (see also table above)—Continued.							
Tananarive Province	C		11	16	36		
	D		11	16	34		
Peru	C	10	16	11			
	D	5	8	3			
Senegal:							
Baol [1]	C	21	43	22	32	42	19
	D	6	18	9	13	24	6
Dakar [1]	C	17	67	62	76	26	4
	D	11	45	45	65	17	2
Louga [1]	C			59	121	108	40
	D			39	70	64	24
Rufisque [1]	C			22		1	
	D			7		1	
Thies [1]	C	6	10	61	53	34	3
	D	3	6	34	33	28	3
Tivaouane [1]	C	22	93	161	188	119	38
	D	10	50	96	119	55	18

[1] Incomplete reports.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

SMALLPOX

[C indicates cases; D, deaths; P, present]

Place		May 5–June 1, 1929	June 2–29, 1929	June 30–July 27, 1929	July 28–Aug. 24, 1929	Aug. 25–Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929 5	12	19	26	November, 1929 2	9	16	23	30
Algeria:																
Algiers	C	5	6	7	1			1				1	1			
Cherchell	C		1													
Oran	C	5	1	1		5										
Arabia: Aden	C	40	110	103	38	4				3	1	1				
	D	20	20	56	37	1										
Australia: Fremantle Quarantine Station	C			1												
Bermuda: Hamilton	C		1													
Brazil:																
Porto Alegre	C	1			3	2				2	3		2			
Rio de Janeiro	C	3														
British East Africa (see also table below):																
Tanganyika	C	4	7	10	5	9	2	1								
	D					1										
British South Africa:																
Northern Rhodesia	C			73												
	D			4												
Southern Rhodesia	C	12		5		3	2		2	1						
Canada:																
Alberta	C		12		4	4		1			2	4	1	5		
Calgary	C				2			1				1				
Edmonton	C		4		1			1		2	2	4	1	5		
British Columbia—Vancouver	C	23	13	14	8	5		13		2	2	1		6		
Manitoba	C	6	6	1							1	1				
Winnipeg and vicinity	C		2													
Nova Scotia	C				2				1							
Ontario	C	40	84	57	7	19	5	1	1		3	5	3	6		
London	C											3	1			
Niagara Falls	C	3									1					
North Bay	C	8	2	7		3	4	2		1		5			1	
Ottawa	C		1	1	1								1		2	
Sarnia	C												1			
Toronto	C		5	7		3	1				1	1				
Windsor	C	3	2	2								1	1			
Prince Edward Island	C				2											

Quebec	C	12	10	2	3	1		2		5	8	7	6	1	6
Montreal	C	1	1												
Quebec	C	1	2		1										
Riviere du Loup	C			2											
Saskatchewan	C	14			1	4					9	1		1	
Saskatoon	C					1	5			8		6	5	2	
China:															
Amoy	C	2													
Canton	C	46	16	12	2										
	D	4	1	2											
Chefoo	C	P													
Foochow	C			P	P	P		P							
Hong Kong	C	29	10	1	5	2	1		1	1		4	5	6	
	D	25	6	5	4	2	1			2		2	7	4	
Manchuria—															
Harbin	C				1					1	1				
Kwantung—															
Dairen	C	21	11	14		2									
	D	8	3	9	1										
Port Arthur	C	3													
Nanking	C			P	P	P									
Shanghai—															
Foreigners only	C	6	7	3					1	1			3		
Including natives	D	16	5	3									1		
Swatow	D	62	24	15	2										
Tientsin	C	12				2			2	1					
Tsingtao	C	P	P												
Chosen (see table below).															
Colombia:															
Barranquilla	C			2		4									
Buenaventura	C							4	5	6	8	14	14		
Dutch East Indies:															
Balikpapan	C	4	1												
Belawan Deli	C		1	2	1	1							1		
	D			1											
Borneo—Samarinda	C		3	13	7			9		2	3	5			
	D		1					1		2					
Celebes—Makassar	C	43	20	21	4	12	3	1	12	140					
	D	38	15	11	3	5		1							
Java—															
Batavia and West Java	C	1	6	8	10	35	7	2		3		1	6		
	D		1	2	5	7	2	1		2			5		
East Java and Madura	C				3										
	D				1										
Sumatra—Medan	C	1	1	3	3	3									
	D	1		1											
Ecuador (see table below).															
Egypt:															
Alexandria	C							1							
Port Said	C		1												
Suez	C					5									
France (see table below).															

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

SMALLPOX—Continued

[C indicates cases; D, deaths; P, present]

Place		May 5–June 1, 1929	June 2–29, 1929	June 30–July 27, 1929	July 28–Aug. 24, 1929	Aug. 25–Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929 5	12	19	26	November, 1929 2	9	16	23	30
Great Britain:																
England and Wales	C	1,179	789	541	502	496	108	97	131	154	131	168	172	.....	.....	.....
Ashton under Lyne	C	.....	.....	7	3	.....	.....	.....	.....	2	.....	.....	1	.....	.....	.....
Birmingham	C	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Bradford	C	4	4	3	.....	8	2	1	1	2	.....	4	8	1	.....	.....
Bristol	C	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cardiff	C	4	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	1	.....	.....
Castleford	C	12	3	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Leeds	C	.....	1	1	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
London	C	193	167	107	78	144	46	26	39	45	29	44	47	.....	.....	.....
London and Great Towns	C	656	496	363	297	304	81	60	87	104	83	115	121	.....	.....	.....
	D	3	1	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Newcastle-on-Tyne	C	37	20	15	4	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stoke-on-Trent	C	86	62	32	18	18	3	2	2	.....	3	1	5	.....	.....	.....
West Ham	C	.....	.....	26	59	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scotland—Glasgow	C	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Greece (see table below).																
Hedjaz	C	40	83	53	11	22	.....	2	2	1	.....	4	1	.....	.....	.....
	D	24	53	35	19	7	.....	.....	1	.....	.....	4	1	.....	.....	.....
Honduras:																
Choluteca	C	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....
Puerto Castilla	C	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
India	C	17,011	11,549	7,838	5,481	4,199	915	649	.....	.....	.....	.....	.....	.....	.....	.....
	D	4,185	3,006	2,062	1,418	954	185	138	.....	.....	.....	.....	.....	.....	.....	.....
Bombay	C	208	147	92	63	37	7	5	.....	4	6	1	3	.....	.....	.....
	D	131	99	55	31	24	2	4	.....	5	3	1	3	.....	.....	.....
Calcutta	C	39	27	16	31	21	1	5	2	4	1	3	.....	.....	.....	.....
	D	36	24	11	20	16	1	4	2	4	1	2	.....	.....	.....	.....
Cochin	C	.....	.....	.....	4	13	2	3	.....	8	18	16	28	.....	.....	.....
	D	.....	.....	.....	.....	1	.....	.....	.....	.....	5	2	2	.....	.....	.....
Karachi	C	84	35	25	15	27	3	6	.....	1	.....	2	.....	.....	.....	.....
	D	59	25	13	7	16	.....	3	.....	.....	.....	1	.....	.....	.....	.....
Madras	C	174	88	122	89	82	22	28	13	16	15	11	21	.....	.....	.....
	D	61	20	32	22	21	2	3	2	1	1	3	4	.....	.....	.....
Moulmein	C	8	6	10	11	5	2	1	.....	.....	2	.....	1	.....	.....	.....
	D	6	5	5	5	2	.....	.....	.....	.....	1	.....	1	.....	.....	.....

Negapatam	C	2	6	4	1	3	1												
	D					1													
Rangoon	C	1		3	1					1									
	D	1		1															
Tuticorin	C		1																
Vizagapatam	C	2	4	3		1													
	D		2	2	1	1													
India (French):																			
Karikal	C	3	5	1	12	14			2		2								
	D	3	5	1	2	13													
Pondicherry Province	C	32	18	21	12	8	3			2	3	1	2						
	D	30	15	16	7	8	3				3	1	2						
India (Portuguese)	C	3	9	4		1	1												
Indo-China (see also table below):																			
Pnompenh	C	22	8	9	3	1		1					1	1					
	D	12	2	3	3	1													
Saigon and Cholon	C	1		1															
	D	1	1																
Iraq:																			
Baghdad	C	3	1	1							8			1	3	2			
	D										2			1	2				
Basra	C	8	9	1															
	D	8	1																
Diyalah Liwa	C	48		8	13	4							18	45					
	D	13		2	12								9	9					
Kirkuk Liwa	C					21	16						45	45					
	D					1							13	13					
Mossoul	C		20	12	81	68				24	75	52	11	14					
	D				13	17				6	33	28	26	12					
Ivory Coast (see table below).																			
Jamaica (outside Kingston) (alastrim)	C	1		7															
Japan:																			
Niigata	C	12	2																
Osaka	C	1																	
Tokyo	C	2	1																
Macao	D	5	2																
Mexico (see also table below):																			
Acapulco	C	1	2	3	4	1													
	D	1	2	3	4	1													
Aguascalientes	D	6	17	11	7	6		3	2	3	1								
Coahuila	D		1										1						
Jalisco (State): Guadalajara	D	15	11	6	5	8	2		1	1	1								
Juarez	C				3	P	8	2											
Mexico City and surrounding territory	C	1	9	13	21	7	3	1	3	1	2	4	1						
	D		10	3	6	1	2			6	2	1							
Morocco (see table below).																			
Netherlands: Rotterdam	C			40	141	110	13	13	9	4	4	2	8	4					
	D				1	7	4			1									
Nigeria: Lagos	C	2		1				1											
Palestine	C	1																	
Panama [1]	C			14	5	95		62	67	25	8	3							
Panama Canal Zone	C	1	1																
Persia (see table below).																			

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

SMALLPOX—Continued

[C indicates cases; D, deaths; P, present]

Place		May 5–June 1, 1929	June 2–29, 1929	June 30–July 27, 1929	July 28–Aug. 24, 1929	Aug. 25–Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929 5	12	19	26	November, 1929 2	9	16	23	30
Poland	C	2	66		2					1	2					
	D		2													
Portugal:																
Lisbon	C	1	6	4	1	17						1	1			
Oporto	C		2	2												
Rumania	C					1	1									
	D					1										
Senegal (see table below).																
Siam	C	32	27	71	32	23	17	3	7	6						
	D	9	7	14	7	5	1	1								
Somaliland, British: Boales	C		11	4		4	1	1	1		5	10	5	5		
	D		4			2	1	1		2	1	5	4	6		
Somaliland, French: Jibuti	C	3	16	123	31	10										
	D	1	8	21	21	11										
Spain: Valencia	C		1													
Sudan (Anglo-Egyptian)	C	1,570	1,172	1,121	87	598	8	172	29	41	19	11	7	54	74	7
	D	132	195	164	73	95			5	11	3	3	3	3	32	2
Sudan (French) (see table below).																
Syria (see table below).																
Tunisia: Tunis	C		2	1					1	5	6	6	8			
Turkey (see table below).																
Union of Socialist Soviet Republics: Vladivostok	C	2														
Union of South Africa:																
Cape Province	C	P	P							P						
Natal	C				P	P										
Transvaal	C	P	P			P		P		P						
Upper Volta	C	2	10													
On vessel:																
S. S. Aorangi, at Sydney	C		1													
S. S. Assyria, at Suez, from Bombay	C	1														
S. S. City of Hereford, at Brisbane, from Calcutta	C			1												
S. S. City of Venice, at Suez, from Calcutta	C	1														
S. S. Fern, at Port Said, from Abadan	C	P														
S. S. British Birch, at Suez, from Abadan	C		1													
S. S. Karoa, at Zanzibar	C					1										

S. S. Keneh, at Suakim, from Jeddah	C		4													
S. S. Le Panto, at Suez, Egypt	C	4														
S. S. Taipikn, at Manila, from Australia	C											1				
S. S. Umvuma, at Cape Town, from London	C							5								

Place		May, 1929	June, 1929	July, 1929	August, 1929	September, 1929			October, 1929			November, 1928	
						1-10	11-20	21-30	1-10	11-20	21-31	1-10	11-20
Dahomey	C								4				
Indo-China (see also table above)	C	410		159	263	64			81		47		
Ivory Coast	C			22	2								
Senegal	C	1											
Sudan (French)	C	2	57	15			2						
	D		15										
Syria: Beirut	C	12	36	27	29	4	13	20	16	1	11	22	9
	D										1		

Place		May, 1929	June, 1929	July, 1929	August, 1929	September, 1929	October, 1929
British East Africa (see also table above):							
Kenya	C	38	45		60		
Chosen	C	97			1		
	D	29			1		
Ecuador: Guayaquil	C	1					
France	C	11	15				

Place		May, 1929	June, 1929	July, 1929	August, 1929	September, 1929	October, 1929
Greece	C	5	2				
Mexico: Durango (see also table above)	D					2	2
Morocco	C	39	2	9	10	3	12
Persia	D			51			
Turkey	C		11		1	41	100
	D					9	29

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

TYPHUS FEVER

[C indicates cases; D, deaths; P, present]

Place		May 5–June 1, 1929	June 2–29, 1929	June 30–July 27, 1929	July 28–Aug. 24, 1929	Week ended—											
						Aug. 31, 1929	September, 1929				October, 1929				November, 1929			
							7	14	21	28	5	12	19	26	2	9	16	23
Algeria:																		
Algiers	C	1	1	9	4		2	1	1	3		1	6			1	1	
Constantine Department	C		11		2											1		
Oran	C	14	5	9	2			3										
Bolivia: Pacajes Province—Calacoto Canton	C				19													
	D				5													
British South Africa: Northern Rhodesia	C	3																
	D	3																
Bulgaria	C	21	4	12		7		7										
	D	1	1	2														
Sofia	C			1														
Chile:																		
Concepcion	C	1																
Valparaiso	C			1	1													
China: Tientsin	C				1													
Chosen (see table below).																		
Czechoslovakia (see table below).																		
Egypt:																		
Alexandria	C								1	1	1							
	D	1																
Beheira Province	C	159	13	8	31			6		9	3		4	2				
	D	24	6	4				2		2			2	1				
Cairo	C	2		2	4	1	1		1									1
	D								1									1
Port Said	C	2	2	4	3													
Suez	C				2								1	1				
Greece (see table below).																		
Hungary	C	1																
Ireland (Irish Free State):																		
Cavan County—Carrickmacross	C	1																
Donegal County—Stranorlar	C		1															
Tyrone County—Strabane.[1]																		
Latvia (see table below).																		
Lithuania (see table below).																		

Place		May, 1929	June, 1929	July, 1929	August, 1929	September, 1929	October, 1929
Canada: Ontario	C	------	1	------	------	------	------
Chosen	C	272	------	------	------	------	------
	D	15	------	------	------	------	------
Seoul	C	1	2	------	------	------	------
Czechoslovakia	C	13	2	2	------	1	------
	D	1	------	------	------	------	------
Greece: Athens	C	------	3	------	6	3	------
Latvia	C	7	5	------	1	------	------
Lithuania	C	63	27	10	7	3	6
	D	5	4	1	1	------	1
Peru: Arequipa	D	------	------	1	------	1	------
Turkey	C	7	10	------	3	4	10
	D	1	3	------	------	1	------
Yugoslavia	C	19	------	3	7	------	1
	D	1	------	1	2	------	------

[1] During the period from Apr. 14 to May 21, 1929, 18 cases of typhus fever with 4 deaths were reported in Strabane, Tyrone County, Ireland.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

YELLOW FEVER

[C indicates cases; D, deaths; P, present]

Place		May 5–June 1, 1929	June 2–29, 1929	June 30–July 27, 1929	July 28–Aug. 24, 1929	Week ended— Aug. 31, 1929	September, 1929 7	14	21	28	October, 1929 5	12	19	26	November, 1929 2	9	16	23
Brazil:																		
Bahia	C			1														
	D			1														
Nictheroy	C						1											
Para	C	2		1														
	D		1	1														
Porto Alegre	D	[1] 1																
Rio de Janeiro	C	70	7	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0
	D	38	5	1														
Colombia:																		
Simacota	C			4														
Socorro [2]	C			12														
Liberia: Monrovia	C		4	4					1									
	D		3	1														
On vessel:																		
S. S. Skogland, at Porto Alegre, from Rio de Janeiro	C	1																

[1] Imported.
[2] From June 19 to July 8, 1929, 41 cases of yellow fever with 23 deaths were reported in Socorro, Colombia.